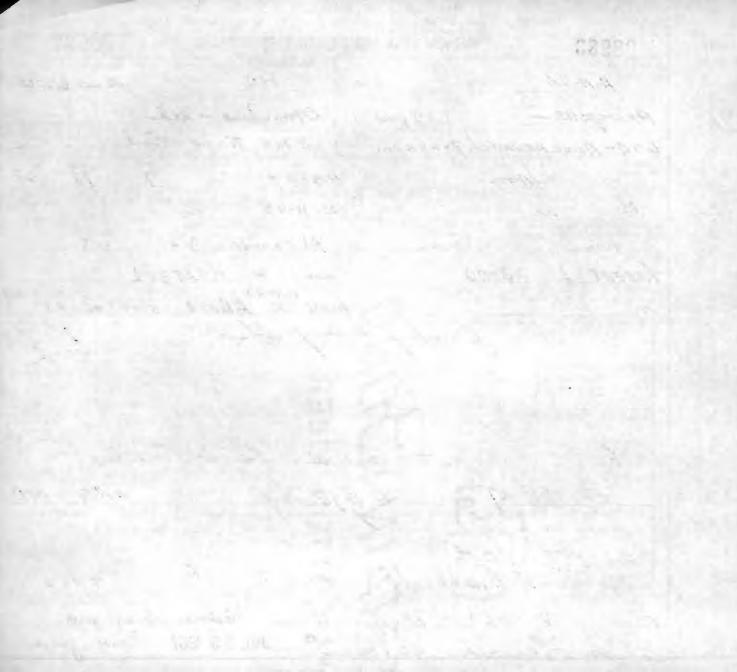
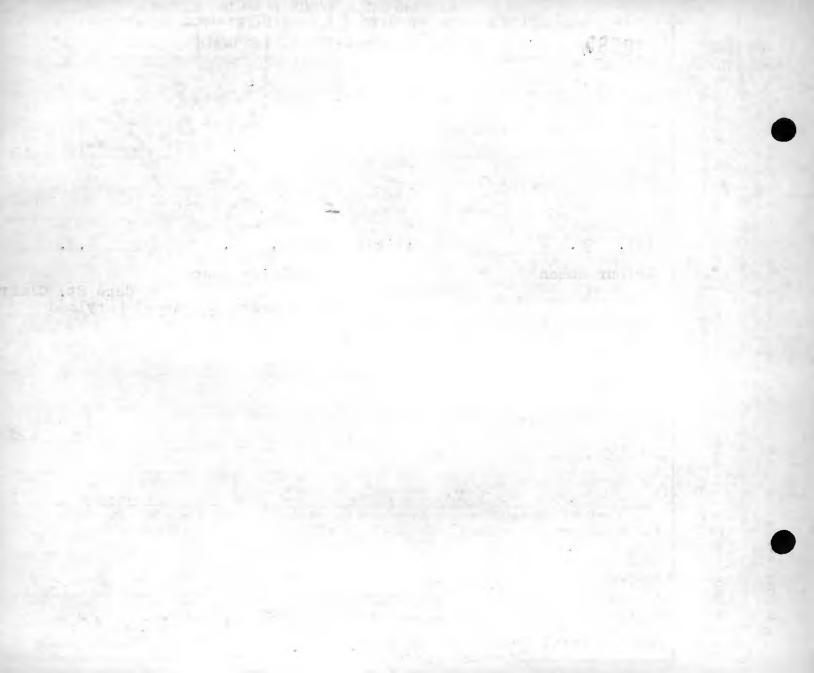
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08982 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08983 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY A. CO ZINCE GEDIZGE MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) and. TUNDAPONIS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street IS RESIDENCE ON A FARM? 8704. TrogA-Rord DO-A- ADDE AKONSEL. NON in Item 18. Give Pages be executed within 24 haurs after death. 3. NAME OF 4. DATE Year DECEASED OF DEATH ABER (Type or print) alang 6. COLOR OR RACE NEVER MARRIED AGE (In veors 7. MARRIED lost birthdoy) Months Hours 4-11-65 and 2 \ any event within 72 haurs after death WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME Examiner's in pencil i MOTHER'S MAIDEN NAME INFORMANT (MOTHER) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. CYFNI HILL, X (Yes, no, or unknown) (If yes give wor or dotes of service 8704 TIBGA Rd 720 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), one (c).) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) This certificate should writing the word DHE TO Conditions, if ony, which gove rise to immediate cause (a). farwarded ta DUE TO stoting the underlying couse last nsed 19. WAS AUTOPSY PERFORMED? remaval. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X pe 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item # 3 shauld PRIMARY OF CONTRIBUTING CAUSE OF DEATH. crematian, ar autoaccedent i 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) While Not While at work factory, sheet, office bldg., etc.) FUNERAL DIRECTOR: Page While at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry . ond in my apinion Inspection death resulted from? Natural causes Suicide Accident Homicide Undetermined monner funeral directar retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE pe DEPUTY MEDICAL EXAMINER EXAMINER'S May Heolth Address (Street, city, town, or county) NAME (Type) 23o. BURIAL CREMATION 23d. LOCATION (City or Town) 50 REMOVAL (Specify) Colmon FUNERAL DIRECTOR VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY n STATE b COUNTY MARYLAND delay b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give pearest town) after medin ANNapol15 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? De e De Providence. Road. DINNE ARUNOEL general YES 🗍 NO X Item 18. Give Pages Office along with far hours ofter death 3. NAME OF 4. DATE Lost Month with the St within Year DECEASED AMMON 1967 (Type or print) MARKION DEATH S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years 7 MARRIED NEVER MARRIED last birthdoy) Months Hours 1-29-64 DIVORCED WIDOWED event CM 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY J.S. during most of working life, even if retired) INDUSTRY Sharon Hill, Pa. 24 dny Examiner's 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within .⊑ Robert D. Ammon Catherine Ammon and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AddCape St. Clair (Yes, no, or unknown) (If yes give wor or dotes of service) remayal. Richard Ammon (Uncle)Md "pending" CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 IMMEDIATE CAUSE (o) This certificate should the word cremotion, 2541NS DUE TO Conditions, if any, which gave rise to immediate couse (a), DHE TO stoting the underlying couse O forwarded buriol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO the certificote, 10 pe 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) prior 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not White DIRECTOR: Poge nnew MD of work of work designoted 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry K, for Inspection 🛌 and in my opinion the funeral director. death resulted from: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Health o 1- LIN BARO Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (Stote) 50 REMOVAL (Specify) FLENWOOD) BROOMALL MEM. CEM. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charley DATEJUL VR A15ME (5) Home West Funeral Anna 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY A.A.CO o. STATE b. COUNTY death. MARYLAND partment b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pur write_RURAL and give nearest town) offer MedIA-ANIVADOLIS d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? De hours form IV. Providence encadh die NO K hours ofter death 3. NAME OF Lost 4. DATE Doy Year along wit DECEASED F. 67 19 HMMOK (Type or print DEATH THE STATE OF IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years Wil lost birthdoy) Months Doys Hours 6-12-32 WIDOWED DIVORCED lond2 event IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Cable COUNTRY? Phila. Splicer Ony Pa. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil .= Arthur Ammon Adelaide Ammon ond 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT AddressCape St. Clair (Yes, no, or unknown) [If yes give wor or dotes of service] removal. Richard Ammon (Brother) Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line top (o), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (o) Word certificate should cremation, DUF TO to the Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO P 0 pe 2Do: EXTERNAL CAUSE WAS PRIMARY PAOR CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) prior CAUSE OF DEATH designoted ogent, 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Not While foctory street, office bldg., etc.) MD of work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry X and in my apinian moy be retoined for FUNERAL DIRECTOR: the funeral director. Accident X death resulted from: Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER ___ SIGNATURE. 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) **BURIAL, CREMATION.** 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 BROOMALL Bull a (Specify) GLENWOOD 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR eall Funeral REC'D 8Y_REGISTRAR VR A15ME (5)



1	1	Items 18&21 Film 391 MARYLAND STATE DEPARTMENT OF HEALTH 8-11-67 amedivision of vital records, 301 w. preston street, Baltimore, Maryland 21201								· ~-			
	FOR STATE HEALTH DEPT.		08986 MEDICAL EXAMINER'S CERTIFICATE OF DEATH						03985				
				ANNE ARUNDI			MARYLAND	o. STATE	DENCE (Where de	nd	b. COUNTY		×
	PM3 Po		b. CITY OR TOWN (II write RURAL and	f outside corparate limit give nearest tawn)	s,	c. LENGT	H OF STAY IN 16	c. CITY OR TOW	/N (If autside corp		rite RURAL and	give nearest to	wn)
	P. P			Crownsvil.	ot in hospital, o		oddress)	d. STREET ADDR	Baltim	ore		e. 15	RESIDENCE N A FARM?
	ges form	2		11e State H		11	48-1-11				Street	YES	□ NO □
	Give Pages and with for the Arther State		NAME OF DECEASED (Type or print)	WILL	IAM		Middle AT	KINSON	4. DAT OF DEA	тн	Manth July	6,	Year 19 67
	hours after death Item 18. Give Page Office along with it and 2 with the stot	100	sex sale	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	☐ NEV	ER MARRIED DIVORCED	8. DATE OF BIRTH		9. AGE (In y last birth			UNDER 24 HRS. ours Min.
	24 hours in Item 18 r's Office o es Iond2 v ofter death	10o duri	. USUAL OCCUPATION ing most of working I	(Give kind of work dane ite_evan if refired)	10b. KI	ND OF BUS	INESS OR		E (State or foreig			COUNTRY?	AT Z
	ficate should be executed within ting the word "pending" in pencil raded to the Chief Medical Examiner as a burial-transit permit. File page and in any event within 72 hours a	13.	FATHERS NAME	rolt a	then	eore		14. MOTHER'S M	MAIDEN NAME	Smu	de		
		15. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dotes o	of service) 16. 1	SOCIAL SEC	URITY NO. 17.	Mart	tra la	neth	Address	212_	
		ATION	18. CAUSE OF DE PART I. DEAT 5 / / Canditians, if ony, rise to immediate stating the under lost.	cause (o),	(o) <u>La</u> 10 (b)	enne	d(c)) c's cirr etamorpho		th mark	ed fat	ty	INTERV/ ONSET	AL BETWEEN AND DEATH
			PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING I	O DEATH B	UT NOT RELATED TO	THE TERMINAL DISE	EASE CONDITION O	IVEN IN PART	l(a)	19. WA PER YES [S AUTOPSY FORMED?
	生工 卫 L	L CERTIFICATION	20a. EXTERNAL CAL PRIMARY ☐ or CON CAUSE OF DEATH.	JSE WAS ITRIBUTING [20b. DE	SCRIBE HOV	V INJURY OCCURRED			Part II of item	18.)	···········	
	AL EXAMINER: execute the certification. The page of should for your files. OR: Page 3 should file, the page 3 should file.	MEDICAL	20c. TIME OF INJU Haur o.m p.m	10	20d. IN While of work		JRRED 20e. PL While for	ACE OF INJURY (Ho stary, street, office b	me, form, 20 ldg., etc.)	f. (City or to	wn)	(Caunty)	(Stote)
	ITY MEDICAL I Ty, please exect erol director. Pr be retoined for RAL DIRECTOR: prior to buriol,		death result	that I took charge ed from: Nature Lux Charles S.	ol couses [3	Acc	ident [], Sui	cide, Ha CHIEF !M.D. ASSISTA DEPUTY	MEDICAL EXAMINE ANT MEDICAL EXAMINE ANT MEDICAL EXAMINE of MEDICAL EXAMINE (S) (Street, city, too.	R	Inquiry ned monner		my opinion DATE SIGNED 1967
	TO DEPU necessa the fun 5 may 10 FUNE Heolth		BURIAL, CREMATIO	2 17-15	EREOF =67	1/1	ME OF CEMETERY OF	my Que		LOCATION (City	Cot	mel (County)	7 (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08888 papers Pages I and 2 nin 72 haurs after death PLACE OF DEATH 2 bSUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits by In-Maryland E LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL or a give nearest town) write RURAL and give nearest town) The law requires that the death certificate be executed within 24 hours Crownsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 二 e IS RESIDENCE d STREET ADDRESS Amity St. ON A FARM? filled 06 Crownsville State Hospital Crownsvill YES □ NO NAME OF Middle completely nave carban First Lost 4. DATE Doy Year ever XWI DECEASED OF (Type or print) DEATH Tda Barnes SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 IF UNDER 24 HRS remaye 7 MARRIED NEVER MARRIED lost Bighdoy) Months Davs Hours DIVORCED WIDOWED Me GZ-A 9 and 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) and in please during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER S NAME Maryland USA unemployed 14 MOTHER'S MAIDEN NAME remaya IS WAS DECEASED EVER IN U.S. ARMED FORCES? unknown 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service ь Hospital Records, Crownsville, Maryland NO unknown crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH Arteriosclerotic Heart Disease IMMEDIATE CAUSE (o) ģ **DUE TO** burial, Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO far use as the t stoting the underlying couse be retained by the haspital ar attending certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? NO Chronic Brain Syndrome OR ATTENDING PHYSICIAN: 20o ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of njury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) this 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m While Not While foctory, street, office bldg, etc.) 19 After at work of work 21. I certify that (this haspital) attended the deceased fram. 1967, that 41 (we) last 1962____ to_ 0/10 director, page 3 shauld shauld be filed with the saw the deceased aliveran 7/31 19 67, and that death accurred at 6:30M, fram causes and an the date stated above DIRECTOR: 220 SIGNATURE 22b DATE SIGNED STAFF DIRECTOR 7/31/67 M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN'S TO HOSPITAL TO FUNERAL NAME (Type Crownsville State Hospital, Maryland Benedict 23o BUR AL CREMATION 23c , NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town) (Stote) REMOVAL (Specify) 401 C177 BUKK BURIA FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb

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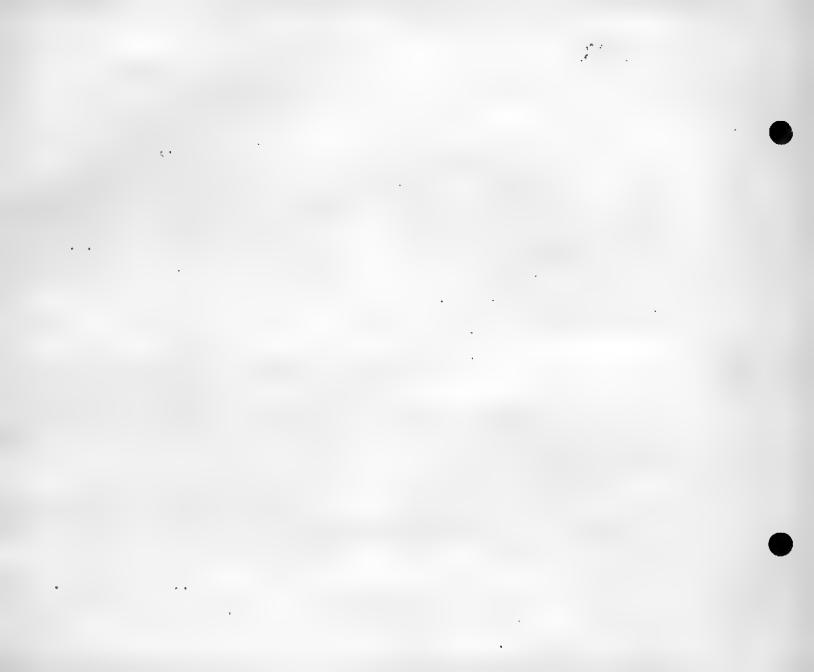
VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH any event, within 72 hours after deoth funerol J and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY, OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) remove corbon papers. OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS NO D The low requires that the death certificate be executed within NAME OF Middle DATE Doy Year completely DECEASED (Type or print) DEATH 7. MARRIED 9 AGE (In years IF JNDER 24 HRS NEVER MARRIED DATE OF BIRTH birthdoy) Months Hours WIDOWED DIVORCED and (JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT signed by the ottending physicion or burial-tronsit permit. Then please in burial, cremation, or removal, and in during most of working life, even a febred) COUNTRY 13. FATHER S NAME 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or anknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN SET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physicion. **DUE TO** Conditions, if any, which gave rise to immediate couse (a), DUE TD stoting the underlying couse ue aerached for use as the Stote Dept. af Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 9. WAS AUTOPS' PERFORMED? ND / 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF thOURY Month, Doy Year (City or town) (County) (Stote) Hour om. foctory street, office bldg, etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from 1967, and that death accurred at 8.4. M, from causes and an the date stated above. saw the deceased alive on 220 SIGNA 22b DATE SIGNED ATTENDING STAFF M.D. DIRECTOR director, page should be filed ADDRESS NAME (Type) 23b DATE THEREOF BUR AL CREMATION. 23 NAME OF CEMETERY OR CREMATOR MICATION (City or Town), (County) FUNERAL DIRECTOR REGISTRAR S SIGNATUR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 68989 CERTIFICATE OF DEATH 28290 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY Anne Arundel o. COUNTY o. STATE Maryland Anne Arundel MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Annapolis d. STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital 924 Wells Ave. NO DO NAME OF Middle Lost 4. DATE Doy DECEASED BARRY 19 67 July (Type or print) Leonard Joseph DEATH 5 SEX 6 COLOR OR RACE 7 MARRIED Y NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS requires that the death certificate be execut Davs Male White WIDOWED DIVORCED July 13, 1896 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS, OR 12. CIT ZEN OF WHAT -6 1) BIRTHPLACE (County & State, or foreign country) during gnost of working life, eyer INDUSTRY Maryland 13 FATHER S NAME MOTHER'S MAIDEN NAME CAUSE OF DEATH (Enter only one couse per line for (g) INTERVA. BE PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (0) Conditions, if ony, which gave rise to immediate couse (o), DUE TO stoting the underlying couse has been the WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUL NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) 22b. DATE SIGNED 22a_SIGNATURE director, page 3 should be filed v M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Type) 121 Cathedral St., Annapolis, Md. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) [Stote] VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY nne Arunde MARYLAND haurs after c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (Il putside corporate limits c. LENGTH OF STAY IN US 6 IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO 6 DATE OF DEATH NAME OF Middle Month OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Doy Year DECEASED 25 (Type or print) event, 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED (as birthdov) Months Dovs Hours and in any DIVORCED and 100 USUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or larging country) 12 CITIZEN OF WHAT during most of work, ng life, even if retired) COUNTRY? MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Address SAME WAS DECEASED EVER IN S. ARMED FORCES? SOCIAL SECURITY NO (Yes, no, or wknown) (If yes give wor or dotes of service INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART DEATH WAS CAUSED BY burial-transit p IMMEDIATE CAUSE (a) 4101 DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse as the by the haspital ar attending has been last WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIB LING ESCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c TIME OF N.URY, Month, Doy, Year Hour o.m foctory, street, office bldg , etc.) Not While 21 1 certify that (1) (this haspital pattended the deceased fram) _ , that (I) (we) last be retained and that death accurred at 6 A M, from causes and on the date stated above TO FUNERAL DIRECTOR: saw the deceased give an 22b. DATE SIGNED 220 **ATTENDING** M.D. PHYS DIRECTOR director, page 3 22d ADDRESS ANNA POCIS aD 22c O HOSPITAL 236 DAJE THEREOF, 2/28/6 230 BURIAL, CREMALION (County) VR A15 (4) 25M 1/67

more done

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requims that the death certificate be executed within 24 hours offer death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. STATE Maryland p. COUNTY **b** COUNTY Anne Arundel MARYLAND Anne Arundel b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURA, and give nearest tawn) 1602 Sunshine street Glan Burnie d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, gave street address)

Crownsville State Hospital Crownsville d STREET ADDRESS - Lrownsville, Maryland ON A FARM? Page NO [YES NAME OF Middle East 4. DATE Manth Day Year completely DECEASED 19 67 7/ 19 **Batson** event, (Type or pnnt) iston DEATH IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 5/5/06 9. AGE Linguages last for bday) Months Haurs М ond in any WIDOWED DIVORCED and 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT Ung physicion a Then please 1 USATRY? during mast of warking life, even if retired) INDUSTRY North Carolina Marine Engineer Seaman 14 MOTHER'S MAIDEN NAME cremation, or removal, Carter John Batson 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? T6. SOCIAL SECURITY NO (Yes, na, at unknown (Eyes give war at dates at service) Hospital Records, Crownsville, Md. 156-03-5558 Yes 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH **burial-transit** IMMEDIATE CAUSE (a) Hypostatic Poeumonia signed by 1 be retained by the hospital or ottending physician. **DUE TO** burial. Canditions, if any, which gave Connestive Heart Failure rise to immediate cause (a), DUE TO stating the underlying cause peen os the last. Arteriosclerotic Cardiovascular Disease WAS AUTOPSY PERFORMED? has PART II OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) OR ATTENDING PHYSICIAN: The for use Health Fracture Right leg(Operated-open reduction)Chronic Brain Syndromes certificote 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INHURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour 'o.m. factory, street, affice bldg., etc.) After at work at wark 1967 7719 19 67 that (1) (we) last 2). I certify that (I) (this/haspital) attended the deceased from director, page 3 should should be filed with the 1967, and that death accurred at 2:00 M, fram causes and on the date stated above TO FUNERAL DIRECTOR: sow the deceased alive on 7/19 22b. DATE SIGNED 22a SIGNATURE 7/19/67 M.D. DIRECTOR PHYS 22c. PHYSICIAN'S Poge 4 moy Crownsville State Hospital, Md. NAME (Type) Benedict 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION DATE THEREOF (Caunty) REMOVAL (Specify) Glan Burnie Glen Haven Mem. Park .ngleton űneral Home Glen Burnie, Maryland DATE



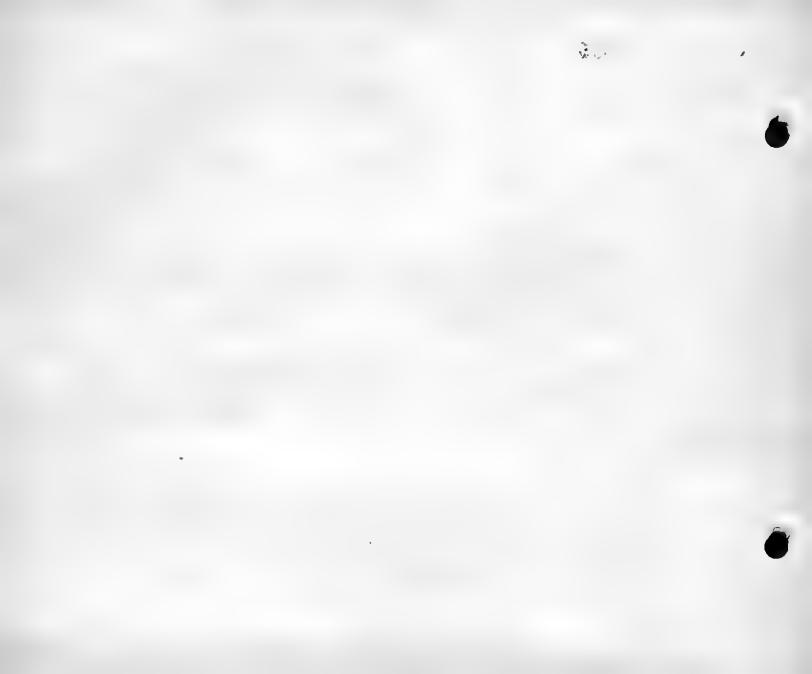
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH (Where deceased lived, if institution Residence before admission) a. COUNTY MARYLAND E JENOTH DE STAY N. N. tside corparate limits, write RURAL and give nearest town) 0 YNNAPOLIS ON A FARM NO.P alang with DATE OF DEATH Year DECEASED 7 MARRIED Manths Days Hours WIDOWED Office 12 CITIZEN OF WHA any event within 72 haurs after NTERVAL BETWEEN DWSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last WAS AUTOPS' ar remayal. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE (DINDITION GIVEN IN PART (a) 200. EXTERNAL CAUSE WAS PRIMARY. Or CONTRIBUTING ☐ CAUSE OF DEATH HOW INJURY DCCURRED (Enter nature of injury ig/Port I or Port II of 3 shou crematian, (State) 20c T ME OF NJURY Month, Day, Year Not While factory, street, office bldg., etc.) 40. may be retained for your FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Accident X death resulted from Undetermined manner Matural causes Suicide Hamicide ACTUAL 22. DATE SIGNED DEPUTY MEDICAL EXAMINER Health NAME (Type) Address (Street, city flown or county) 0 REGISTRAR S SIGNATUR 2So RECD BY RE VR A15ME

or our fire the content of a ALAPINIS DIA LORE LERBIN and a second * * T : * Y' 25 4 4 4 4

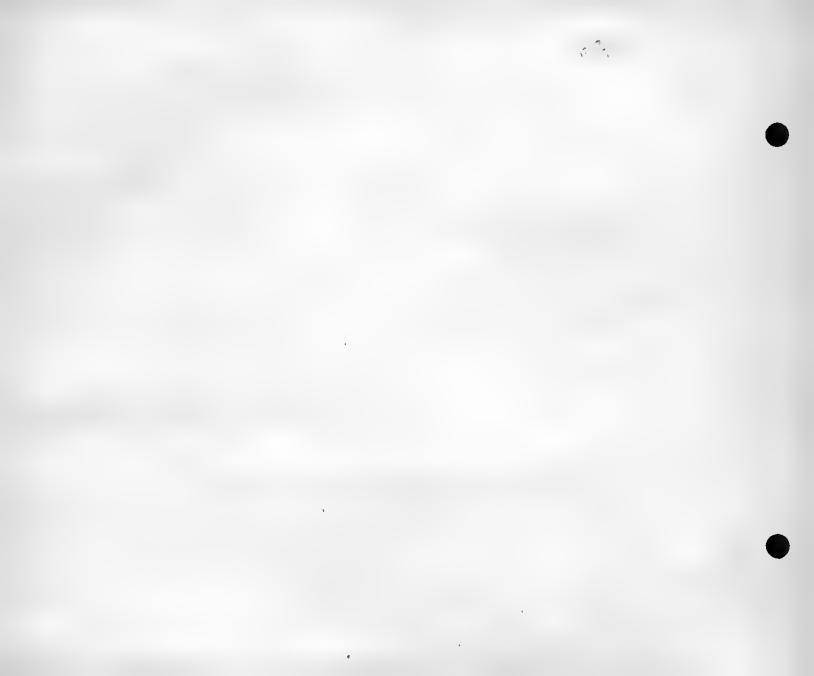
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 33993 CERTIFICATE OF DEATH death. 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. coawine Arundel o. STATE b. COUNTY MARYLAND c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate I mits. CYTE EURAL und pipe negrest town to rall 29 Glen Burnie Rural brs. law requires that the death certificate be executed within 24 haurs IS RESIDENCE ON A FARM? ES NO A d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 411 Old Stage Rd. North Arundel Hospital YES NAME OF Middle 4. DATE First Lost Month Dov Year DECEASED Daniel A. Beckman (Type or print) DEATH 8. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 6181 bathdoy) White 4 - 10 - 01Male WIDOWED DIVORCED and 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) Agentoustrid. Cup Co. WXXXXXXXXX Wash. D.C 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Katherine Milliam Griffin Beckman IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [If yes give wor or dates of service 218-12-4352 Mrs. Martha Beckman (wife) Same as 1919-1923 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) signed by DUE TO Conditions, if any, which gove nse to immediate cause (o), DIJE TO stoting the underlying couse THE STATE OF łost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS' NO F O FUNERAL DIRECTOR: After this certificate ğ 20o ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg , etc.) Not While of work of work . 19____, ta_ , 19____, that (I) (we) last 21. 1 certify that (1) (this hospital) attended the deceased fram. and that death occurred at M, from couses and on the date stated above. saw the deceased alive an-22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Should 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (State) REMOVAL (Specify)
Burial Baltimore. Raltimore National Cem. 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Singleton Funeral Home Gen Surnie, 20 M 1/66



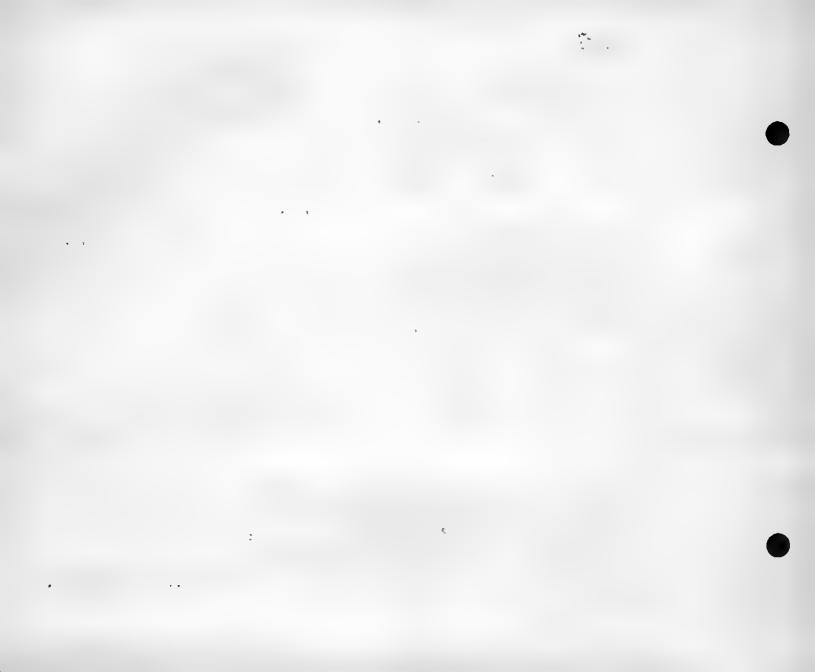
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 19994 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. funerol PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND papers. Pages 1 nin 72 hours after b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest toxy completely filled in by e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO K Ē NAME OF Middle Ξ× First 4 DATE remave carban Lost Dov Yeor DECEASED Sarah BENNING Grace burial, cremotion, or removal, and in any event, (Type or print) 10 DEATH IF UNDER SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdes Months Hours Min. Dovs WIDOWED DIVORCED and 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT physicion a during most of working life, even if retired) INDUSTRY COUNTRY? USRUS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEE 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the hospital or attending physicion. 1514 DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be detached for use as the State Dept. of Health prior to has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 3 NO TO FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Stote) (City or town) ((ounty) 20c. TIME OF INJURY Month, Doy, Year Hour 'o.m foctoly, street, office bldg , etc.) Not While ATTENDING 21 - certify that (1) (this haspital) attended the deceased from WITH X page 3 shou a k Page 4 may be retoined and that death occurred at_ fram causes and an the date stated above the deceased alive on SIGNAT 22b DATE S GNED 220. STAFF PHYS. **ATTENDING** DIRECTOR M.D director, page should be filed 22d. ADDRÉSS PHYSICIAN S O HOSPITAL NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230 BUR AL CREMATION (County). (Stote) REMOVAL (Specify) 2 WLKPR 24. FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 98998 08997 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b. COUNTY o. STATE Anne Arundel Maryland Anne Arundel MARYLAND filled in by the fu papers. Pages ! thin 72 havrs afte c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 10 hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Gambrills d. STREET ADDRESS IS RESIDENCE ON A FARM? Anne Arundel General Mospital YES PINO 3 NAME OF Middle pan First Lost 4. DATE Month Day Year DECEASED 19 67 BIRCKHEAD Albert Augustus 18 July carl (Type or pnnt) DEATH S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remove birthdoy) Months Oct. 6, 1892 Male White WIDOWED DIVORCED 10o. USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life even if retired) physician Ien please INDUSTRY __ Maryland OWN FORM 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remaval, 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war or dates of service Gombril 18. CAUSE OF DEATH (Enter only one couse per ling-for (o), (b) and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying cause director, page 3 shavid be detached for use as the shauld be filed with the State Dept. of Health prior to lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO TO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port , or Port It of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) July 18. 1967, that (1) 2). I certify that (I) (this loss ital) attended the deceased fram saw the deceased alive an July 18. 19 67, and that death accurred at M, fram causes and an the date stated above SIGNATURE 22b DATE SIGNED 220 MD PHYS. **ADDRESS** 22c. PHYSICIAN'S O FUNERAL NAME (Type) Sou thgate Ave., Annapolis, Md. Maurice Klawans. 23c NAME OF CEMETERY OR CREMATOR' (Stote) BURIAL CREMATION. REMOVAL (Specify) REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) o (OUNTY o STATE b (OUNTY Page ment of MARYLAND delay QR TOWN (If outside corporate mits write RURAL and give nearest town) b CATY OR TOWN (If outside corporate limits, c LENGTH OF STAY N 1b gud te RURAL and give/negrest town) O NAME OF HOSP TAL OR INSTITUTION (I not in hosp to give street oddress) S RESIDENCE ON A FARM? form NO X n Item 18. Give Poges 24 hours ofter death with 3. NAME OF DATE Eirst Middle Year DECEASED OF DEATH (Type or print) Examiner's Office olong S SEX 6 (0)08 F UNDER 1 MARRIED TX bistriday) Hours n ony event within 72 hours after death WIDOWED 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. C TIZEN OF WHAT (State or foreign country) INDUSTRY COUNTRY 13 FATHER'S NAME This certificate should be executed within in pencil INFORMAN the certificate, writing the word "pending" in 4 snould be forworded to the Chief Medicol CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY KVAL BETWEEN SET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, flony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse or removal, and be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO X 200 EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING CAUSE OF DEATH NURY OCCURRED (Enter noture of mury in Port Lor Paul 3 should cremation, MEDICAL 20c TIME OF INJURY Month Doy Year (State) for your FUNERAL DIRECTOR: Poge 21 I certify that I taak charge of the remains described above, held an Autapsy Inspect on and in my apinian death resulted Accident Suic de Undetermined manner atural causes Homicide the funeral director may be retained Heolth prior to ACT., AL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, Giv. town & county) ity ar Town) 50 25b REGISTRAR S SIGNATURE 2Sq REC D BY REGISTRAR VR A 15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after leath. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Anna Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page filled in Glen Burnie Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) o. IS RESIDENCE ON A FARM? d. STREET ADDRESS 403 Irene Drive within 403 Irene Drive NO A YES completely ive carbon p within 3. NAME OF DECEASED Month First Middle DATE Day Last Year DF DEATH remove carb n apy-event, v 1967 Boggs July 22 Leona (Type or print) executed SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HR\$ last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED and WIDOWED K March 30, 1875 White Fem8la DIVORCED [10a. USUAL OCCUPATION (Glye kind of work done i lease re 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) COUNTRY? U. S. A. Franklin Furnace, Ohio Housewife ם removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending phy-transit permit. Then p., cremation, or removal, Unknown Andrew T. Bryan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Glen (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Lorraine Evans 203 Irene Drive Burnie No None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH riolderosis PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) 2 dranced DUE TO Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the has be as the prior t underlying cause last. (C) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate I detached for use te Dept, of Health PERFORMED? NO To YES [202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While ATTENDING at work at work p.m. retained the 21. I certify that (!) (this hospital) attended the deceased from that (1) (we) last age 3 should led with the 30RM, from the causes and on the date stated above. saw the deceased alive or and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. STAFF Page 4 may 1.
TO FUNERAL D DIRECTOR PHYS M.D. 22c. PHYSICIAN'S director, p CLE NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) Removal (State) 23a. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 7/24/67 Ashland Cemeterv Ashland. Kentucky REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** ADDRESS REC'D BY REGISTRAR | 25b. Patapsco Ave. 196 VR A15 (4) 15M 4-64

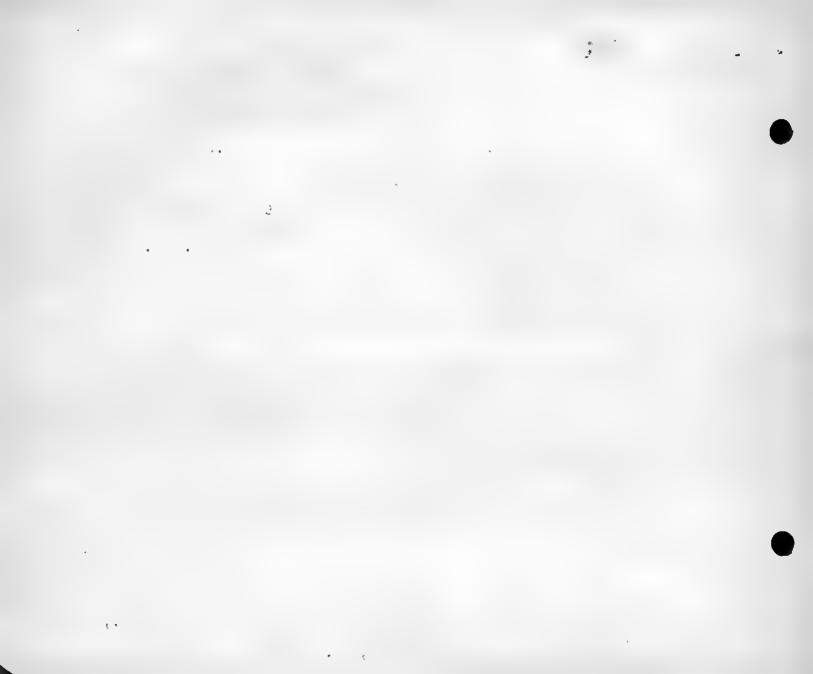


DIVISION OF STATISTICAL R	ESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTI/	MORE 1, MARYLAND
09000	CERTIFICATE O	F DEATH	08999
1. PLACE OF DEATH	2.	USUAL RESIDENCE (Where decessed liv	ed, if institution; Residence before admission
omo, mundos	MARYLAND	horneland. oris	JOY THURST BINI
b. CITY OR TOWN (if outside corporate limits		c. CITY ORDOWN (If outside corporate limits	, write RURAL and give neerest town)
(J. write RURAL and g ve nearest town)	X	Has Raltino	2 sm-1.
d. NAME OF HOSPITAL OR INSTITUTION (II	not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDEN
Plora Maron neurs	in Home	3316 M. Frankli	A ATO YES TO NO T
3. NAME OF First	Middle	Last 4. DATE	Month Day Year
(Type or print)	9	DOZ & DEATH	11/1967
5. SEX 6. COLOR OR RACE	. MARRIED NEVER MARRIED B. DA	TE OF BIRTH 9. AGE (In last birth	YOUR IF UNDER 1 YEAR IF UNDER 24 HR
Male Ivegro	WIDOWED DIVORCED 5		yrs. Months Deys Hours Min.
 USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired 	10b. KIND OF BUSINESS OR INDUSTRY 11	BIRTHPLACE (County & State, or foreign co	unity) 12. CITIZEN OF WHAT COUNTS
taker Harger		Ballmone, ma	10.3 america
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAME	
Mikrown		unasoun	
. WAS DECEASED EVER IN U.S. ARMED FORCES, np., or unkown) (Hyesgive werordeles of se	vicel 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		ddress
UNGUN		eph dims .0 d	ox $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$
IB. CAUSE OF DEATH Enter only one of PART I. DEATH WAS CAUSED BY:	ause per line for (a), (b), and (c),	04.01	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e)	Lowing_ a	Common	11009
Conditions if you will be 15	La & monard	1 man Ti	11909-
Conditions, if any, which (b)_ gave rise to immediate cause	- Jacon across	i ar jestion	20 March
(a), stetling the underlying DUE TO	Residual	Prelimonia	1 oks
	ONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0): 19. WAS AUTOP!
Z PART II. OTHER SIGNIFICANT CONDITI			PERFORMED?
20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CENTER, NOTIFY MEDICAL EXAMINER	206. DESCRIBE HOW INJURY OCCURRED. (En	iter neture of injury in Pert I or Pert II of item 1	
OR CONTRIBUTING CAUSE OF DEATH			
20c. TIME OF INJURY Month, Day, Year Hour e.m.		FINJURY (Home, ferm, 20f. (City or town)	(County) (Stelle)
Haur e.m.	While Not While et work st work	reel, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	- 2 1 19/2 10 7	4, 19 4 .7 that (I) (we)
saw the deceased alive on 7,	124 and that deat	h occurred allo. AM, from the cau	
220. SISTRATURE	/	ATTENDING MED STAFF	22b, DAT
Recliard H. L	heut MD	PHYS. DIRECTOR PHYS.	
22c. PHYSICIAN'S NAME (Type)	21111 -	22d ADDRESS	(10 f. NI
I Chai	U14 MUNI	" Caury Lane	HEU HULLIUL, MA
23a. BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify)	7 1 7.4		
BUTIAL 17-19-0	7 Lit. supurn C		registrar's signature
elson in ral Hone		. 1 .111 7 7 1987	Charles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. STATE o. COUNTY b. COUNTY ely filled in by the formation papers. Pages 1 c Anne Arundel Anne Arundel MARYLAND law requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (if autside carporate limits, write RURAL and give nearest town)
Glen Burnie c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate firmits, write RURAL and give nearest town) days RURAL- Hanover d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Hillcrest Rd., Timberridge The North Arundel Hospital NO X YES 3 NAME OF Middle 4 DATE San Last Doy Year DECEASED Bosien 12 19 67 Edna Μ. Type or pont) DEATH IF UNDER TYEAR IF JNDER 24 HRS. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (in years 7 MARRIED NEVER MARRIED OVe last bigthday) Months Hours 3-31-99 White WIDOWED Female and in an 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** signed by the attending physician burial-transit permit. Then please burial, crematian, ar removal, and own_home Anne Arundel USA housewife. Co. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Ambrosius Margaret Reimsnyder 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknawn) (If yes give war or dotes of service 213 48 9818 Elsworth Bosien (son) THE WAXKER INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO far use as the l l'Health priar ta b stoting the underlying cause has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO this certificate 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o.m. factory, street, affice blda., etc.) at work O FUNERAL DIRECTOR: After 21. I certify that (i) (this haspital) attended the deceased from 1967, that (I) (we) last be retained director, page 3 should should be filed with the and that death occurred of 555M, from couses and on the date stated above. saw the deceased alive on 22o, SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS **ADDRESS** 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. DATE THEREOF (Stote) Julv 15/67 Zion Cemeterv Howard Co. Maryland 25a. REC'D BY REGISTRAR Single ton Funeral Home 2Sb. REGISTRAR S SIGNATURE VR A15 (4) Glen Burnie, Md. DATE

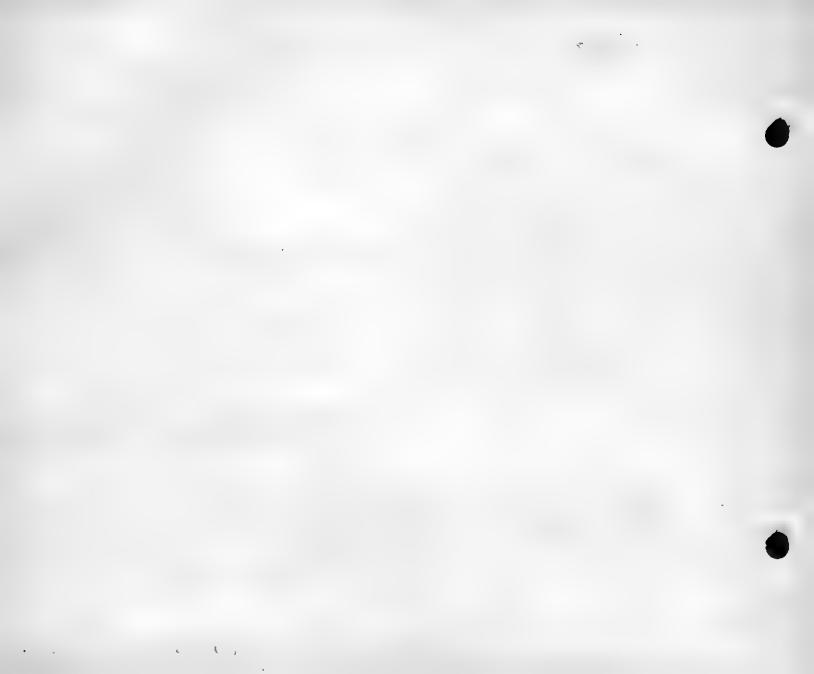


VR AI5 (4) 20M 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- P				•				
-1	1.	PLACE OF DEATH o. CDUNTY			itution: Residence before admission)			
		Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel					
		b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b	.II	-	e RURAL end give nearest town)			
- [b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) Annapolis	ii .	apolis				
	_	d. NAME OF HOSP(TAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	•	e. IS RESIDENCE			
M		Bt. 5 Box 207	Rt.		ON A FARM?			
-	3.	NAME OF First Middle	Lest	4. DATE Month	Day Year			
		(Type or print) Margaret	Botzler	DF 7	13 1967			
	5.	/ · WOUNTED MEYER WARRIED	8. DATE OF BIRTH	9. AGE (In years I	FUNDED 1 VEAR LEUNDER 24 HRS			
		Female White WIDOWED X DIVORCED	5-17-17	1494 (ast birthday) N	Months Days Hours Min.			
-	108	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	county & State, or foreign country)				
-	auı	ing most or working life, even if reflect	Dannil	1 = Pa	COUNTRY?			
-	13.		14. MOTHER'S MAII	DEN NAME	4/5			
-		HARUEY MY STIDE!		YEK.				
	15	. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address				
-[(YE	(s, no, or unkown) (If yes give war or dates of service)	185. GEODES	E. K. K116 L	TNE #2			
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	- 00		I INTÉRVAL BETWEEN			
		PART I, DEATH WAS CAUSED BY:	al de la	Salleans V	ONSET AND DEATH			
		IMMEDIATE CAUSE (a)	The state of the s	Color Car				
		Conditions, If any, which)	K. CX					
-1		gave rise to immediate						
-		cause (a), stating the DUE TO	a \ N/ -					
	z	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						
	ğ							
	<u>≅</u>				YES NO			
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Item 18.)					
- 1			CE OF INJURY (Home, fa	arm. 20f. (City or town)	(County) (State)			
- [MEDICAL		ry, street, office bldg., e	tc.)	(bosity) (otate)			
-1	ž	p.m. 19 at work at work						
1		21. I certify that (I) (this hospital) attended the deceased from		9, to_/96/	, 19, that (I) (we) last			
-			t death occurred at.		nd on the date stated above.			
		22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF 22b. DATE SIGNED						
			PHYS.	DIRECTOR PHYS.	7-13-67			
	H	PHYSICIAN'S NAME (Type) Robert R. Hahn, M. D.	22d. ADDRESS	772 Carranta D	anda 1/2			
4		Robert R. Hahn, M. D.	P.U. BO	x 73, Severna P	ark, Mo.			
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, tow	n or county) (State)			
	A	DURING 12-10-61 HOBURY		1 HENOLD	MD.			
	74.	WUNERAL DIRECTOR (ADDRESS	25a. RE	C'D BY REGISTRAR 256. REG	ASTRAR'S SIGNATURE			
, ,	40	the M. Jos To Tetrus (luncoisti M	1d , DATE	FT (190)	0			
(1	+		+ *					

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09003 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY a STATE b COUNTY within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 CLEY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) <u>.</u> OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON & FARM? d STREET_ADDRESS NO. NAME OF remove carban 4 DATE Month Dov Year completely DECEASED (Type or print) OF DEATH SEX 9 AGE (In years MARRIED NEVER MARRIED birthdoy) Months Hours Doys be detached far use as the burial-transit permit. Then please remo: State Dept. af Health prior ta burial, cremation, ar remayal, and in any WIDOWED DIVORCED and 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT physician a nen please 1 during prost of working life, even if retired) COUNTRY? MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN (Yes, no, or unknown) (If yes give wor or dates of service signed by the a burial-transit pe 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t)) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH - NANITION IMMEDIATE CAUSE (o) DUE TO CARCINOMA OF PROSTATE Conditions, if any, which gave SEVERAL YER rise to immediate cause (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NUEMONIA RIGHT LOWER LOBE H RIERIDSCLEROSIS certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item IB) 200 ACCIDENT WAS LADERLYING CERT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or town) (County) (State) Hour om. factory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After 21. 1 certify that (1) (this hospital) attended the deceased from 19 6 7 that (1) (we) last Page 4 may be retained 19 6 7, and that death accurred at 23c, M, from causes and on the date stated above. saw the deceased alive an 22o SIGNATURE 22b DATE SIGNED directar, page should be filed 22d ADDRESS 22c PHYSICIAN'S 16 MURRAY HOSPITAL KINZER, MD. ANNAPOLIS 2140 BURIAL, CREMATION DATE THEREOF MAME OF CEMETERY OR CREMATORY (County) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



 1	MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH OT W. PRESTON STREET, BALTIMORE, MARY	LAND 21201
	09085 CERTIFICAT	TE OF DEATH	09004
uneath Lond- Tond- er death	1. PLACE OF DEATH XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2 USUAL RESIDENCE (Where deceosed lived, if institution of STATE MCI .	A.A.
th certificate be executed within 24 haurs after ding physician and campletery fitted in by the carbon papers. Pages removal, and in any event, within 72 haurs after the carbon papers.	b. CITY OR TOWN (if autside corporate limits, write RURAL and give negrest lown). Glen Burnie Rural //////	c CiTY OR TOWN (If autside corporate limits, write RU Glen Burnie Rura)	1
hand in 22 hand in 72	d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) North Arundel Hospital	d STREET ADDRESS 120 Baltimore Ave.	S.W. YES NO
cample tely fitted nove carbon page y event, within 7	3 NAME OF Fist Middle DECEASED (Type or pant) Amelia M.	Brosh 4. DATE Mor	4 19 67
xecute d camp move c	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 61 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
te be ex ian and iase rem ind in an	100 USUA. OCC. PATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 100 USUA. OCC. PATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 10d HOME	11. BIRTHPLACE (County & Stote, or foreign country) Baltimore, Md.	12 CITIZEN OF WHAT COUNTRY?
erificate b physician (nen please naval, and ii	13. FATHER'S NAME Henry Holzner	14. MOTHERS MAIDEN NAME - Catherine E. Hub	bard
ne death cer attending p permit. The	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (Yes no grupknown) (If was give war or dates of service)	. informant Addr Ars. Helen M. Baisley (d	ress Same as
ATENDING PHYSICIAN: The law requires that the death certificate be executed stained by the haspital ar attending physician. GTOR: After this certificate has been signed by the attending physician and cample should be detacted far use as the burial-transit permit. Then please remove call the State Dept. of Health prior to burial, cremation, ar removal, and in any event the state Dept.	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	hel Vasculor How	INTERVAL BETWEEN ONSET AND DEATH
w requires ing physic een signed the burial,	Canditians, if any, which gave nise to immediate cause (a), storing the underlying cause last. (b) Server of Part 10 (c) - CIART HIS OF A	in accidents on by	<u></u>
Page 4 may be retained by the haspital ar attending store to FUNERAL DIRECTOR; After this certificate has been so director, page 3 should be defacted for use as the best should be filed with the State Dept. of Health prior to be should be filed with the State Dept. of Health prior to be should be filed with the State Dept. of Health prior to be should be filed with the State Dept. of Health prior to be should be filed with the State Dept. of Health prior to be should be s	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19. WAS AUTOPSY PERFORMED? YES NO
SICIAN sspital c ertificat ned for t. of Hea	OR CONTRIBUTING CLAUSE OF DEATH	D. (Enter noture of injury in Port I ar Port II af item 18.)	
IG PHYSIC the haspi er this certi defached ste Dept. o		LACE OF INJURY (Home, form, 20f. (City or town) actory, street, office bldg., etc.)	(County) (State)
HOSPITAL OR ATTENDING Page 4 may be retained by th FUNERAL DIRECTOR: After th director, page 3 should be dishauld be filed with the State		, 19, ta not death occurred atM, from causes	, 19, that (I) (we) las and an the date stoted abave
OR ATTENION DIRECTOR: #		M.D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED 7 · 4 - 6 7 ·
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 should be filed w	22c. PHYSICIAN'S NAME (Type) CARLOS E ARRABAL	2705 MOUNTAIN	<u> </u>
Page 70 Fun direct	230. BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL (Specify) July 7,1967 Glen Haven	Mem. Park Glen Burn	ie. Md.
VR A15 (4)	24. FUNERADDIRECTOR Singleton Funeral Home Glen Burnis	250. RECPLEY REGISTRANGE 25b. P	EGENERS SIGNATURE



IS RESIDENCE ON A FARM?

Year

1967

Hours

NO

NO 🗔

(State)

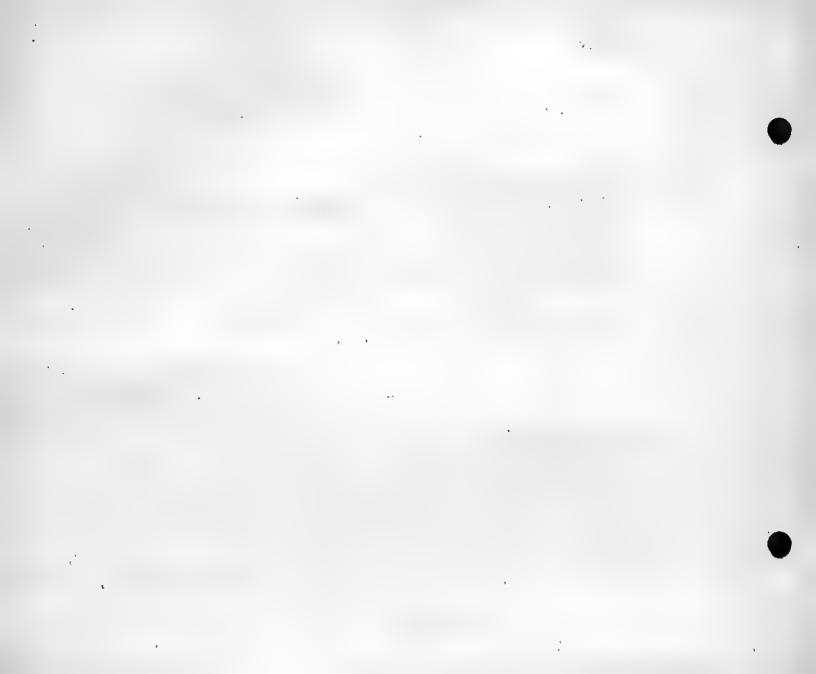
(State)

REGISTRAR'S SIGNATUR

REC'O BY REGISTRAR 1 250.

A | 5 (4) 20 M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 9 CERTIFICATE 09007 OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) n COUNTY o. STATE b. COUNTY The law requires that the death certificate be executed within 24 hours after MARYLAND b CIFY OR TOWN (If outside corporate limits, white KURAL and give hearest town) c LENGTH OF STAY IN 16 saragrate limits, write RURAL and give negrest town? in by the weldon d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oderess) d. STREET ADDRESS IS RESIDENCE Filled ⊑ YES NO X NAME OF carbon Middle DATE Day Year completely DECEASED OF (Type or pont) 196 DEATH S SEX 6. COLOR OR RACE 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** OF BIRTH buthdoy) Months Dovs Hours WIDOWED DIVORCED physicion and c 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of work ng life, even fretired)

Pau Pineut ope votes INDUSTRY COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal, DAKMOWY WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 6 b 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART 1 DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH signed by the IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove ear rise to immediate couse (a), DUE TO storing the underlying couse the hospital or attending as the prior to this certificate has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT ALLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth p CERTIFICATION NO. TO HOSPITAL OR ATTENDING PHYSICIAN: ğ 200 ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) MED Hour o.m foctory, street, office blog, etc.) While Not While 19 at work of work I certify that (1) (this haspy@1) attended the deceased fram-TO FUNERAL DIRECTOR: P.M. fram causes and 19 67, and that death occurred at saw the deceased alive on on the date stated above director, page 3 sho should be filed with 220 SIGNATUR ATTENDING M D PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type 230 BURIAL CREMATION 23b DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY LOCATION (City of Town) (County) (Stote) REMOVAL (Specify) DU V Ld 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67

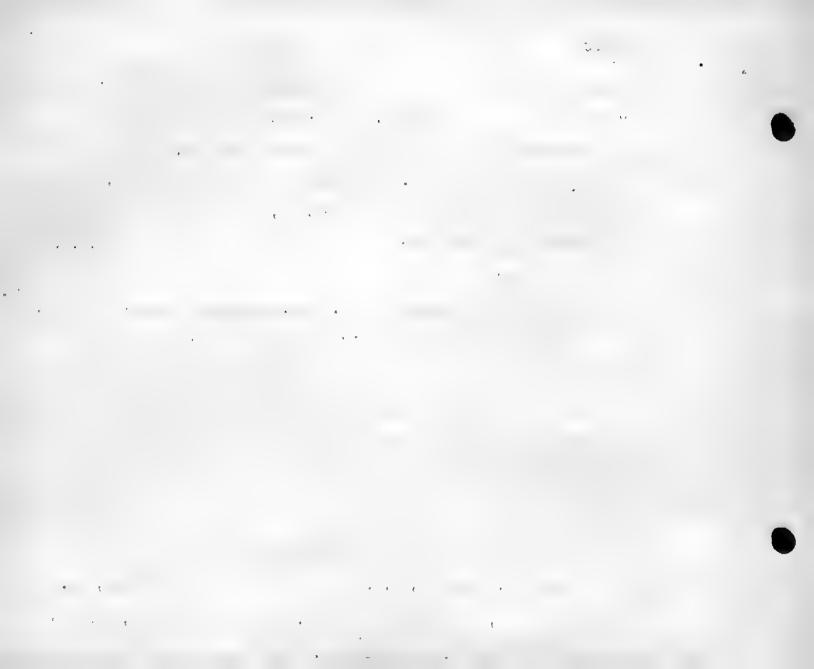


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09008 dend 2 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE Anne Arundel MARYLAND physician and campletely filled in by the ten please remove carban papers. Pages b. CITY OR TOWN (If outside carporate limits, c LENGTH OF STAY IN 16 autside corparate limits, write RURAL and give nearest town? write RURAL and give nearest town)
Millersville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENC ON A FARM? Knollwood Nursing Home YES NO IX NAME OF First Middle lost DATE Dov Year DECEASED July 1967 John (Type or print) Burns DEATH AGE (in years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdov) Months Hours Dovs 10/8/1891 WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Supervisor areneuse Georgia USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or remayal, Unknown signed by the attending phy burial-transit permit. Then Unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 22arbhā (Yes, no_or unknown) (If yes give wor or dotes of service) 219 02 3434 2415 Zion Rd. Lennox Ingram (B. CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this, certificate has been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO be retained by the haspital or ģ 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work 19 65 to July 19 76, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ 6/26 director, page 3 shauld shauld be filed with the 1967, and that death accurred at 11:30M, Aram causes and an the date stated above saw the deceased alive on 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS. ATTENDING 17 July 1967 M.D. DIRECTOR PHYS. 22d ADDRESS 22r. PHYSICIAN NAME (Type) Ray M. Smith, M. D. Hahn Professional Building, Severna Pk 23c. NAME OF CEMETERY OR CREMATORY Matgre) 23o. BURIAL, CREMATION DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) tirilial Centite Burice FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **ADDRESS** Milarley VR A15 (4) 20 M 1/66

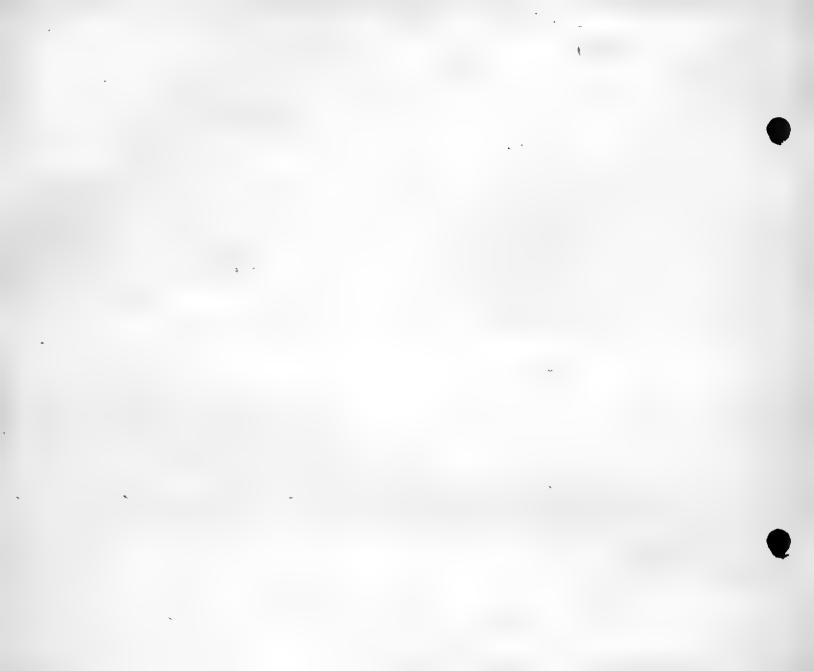
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09008 CERTIFICATE OF DEATH 09009 death. l and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY a. STATE b. COUNTY corbon gopers. Poges I b. CITY OR TOWN (If autside corporate I mits, write RURAL and give nearest town) MARYLAND Maryland Anne Arundel the ottending physician and completely filled in by the sit permit. Then please remove corban gapers. Pages C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) 56 VIS. PHYSICIAN: The low requires that the death certificate be executed within 24 hour Severn Severn d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO [Resse_Road Rease Road 3 NAME OF Middle 4. DATE Day DECEASED EVA BUSSEY 19 67 (Type of print) DEATH JULY AGE (In years IF LINDER 1 YEAR S SEX IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF RIGHT 72 yrs. Months Haurs Days ony White DIVORCED WIDOWED Dec. 22, 1894 Female 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign (ountry) 12. CIT ZEN OF WHAT INDUSTRY COUNTRY? Housework U.S.A Nun Germany Home 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME or remayal Helen Barjak Thomas Lerch IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 7001 Athol Ave. (Yes, na. ar unknown) (If yes give war ar Mrs. Minnie Escavace (dauchter) Balto.27 no unknown crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter any one cause per line for (o), (b), and (c).) buriol-transit p AND DEATH PART I. DEATH WAS CAUSED BY: mi Ti Cit IMMEDIATE CAUSE (a) ģ signed t Conditions, if any, which gave rise ta immediate couse (a). DUE TO stating the underlying couse Poge 4 may be retained by the hospitol or attending as the prior to TO FUNERAL DIRECTOR: After this certificate has been PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? USE Health NO 🔽 YES [و 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of Item 18.) 20g. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CI CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame farm. (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While 19 at work 21. I certify that((1))(this hospital) attended the deceased from January 1967, to JULY 5 196. 7, and that death occurred at 9:15 M, from couses and on the date stared above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED D M.D. PHYS. DIRECTOR 22d. ADDRESS PHYS CIAN S 22c NAME (Type) Edward G. Skerritt. M.O. Gambrills. Md. director, should be 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF (County) (State) REMOVAL (Specify) 1967 Glen Haven Mem. Park Glen Burnie, Maryland Singleton Funeral Home 250. PSG By REGISTRA 256 256. REGISTRARS UGNATURE VR A15 (4 20 M 1/60 Glen Burnie. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 09009 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH: DERT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY b. COUNTY o. STATE A ACO Poge MARYLAND E LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate imits, write RURA, and give nearest town) b CITY OR TOWN (If outside corporate imits PASAdeNA. d MAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? te certificate, writing the word pending in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with form 3469-Kenton-Ra NO DO in Item 18. Give Poges This cert ficate should be executed within 24 hours ofter death DATE OF DEATH NAME OF Year DECEASED 19 5 / (Type or print) F UNDER 24 HRS 9 AGE (In years IF UNDER 1 YEAR buriol-transit permit. File pages land 2 with S SEX DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthday) Months Hours event within 72 hours after death. WIDOWED DIVORCED 12 CITIZEN OF WHAT 100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) COUNTRYPSA during most of working life, even if retired) INDLSTRY Md 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Melvin Cain June Birrane 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO (Yes No or unknown) (If yes give wor or dates of service) Family Same INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (o) (b) and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO in any Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse cremation, or removal, and be used 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BLI NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO P 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter noture of in any in Port Lor Port 1 of tem 18) 3 should PR MARY TO OF CONTRIBUTING CAUSE OF DEATH (Stote) 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or town) (County) 20c TIME OF INDIRY Month Doy, Year foctory afreet office b do etc.) Not While NO of work ot work 21. I certify that I took charge of the remains described above, held an Autobsy Inspection . Inquiry and in my op n an Acc'dent . Suicide Undetermined manner death resulted from Natural causes Homicide funerol d rector 5 may be retaine O FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Heolth | Address (Street, city lown or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION Balto Natl Cem Balto Co 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR McCully F H 237 Patapsco ADA 21 225 VR A15ME 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

20011 CERTIFICATE OF DEATH

69649

		JJULL	- OI PERIII
		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
		o. COUNTY Anne Arundel MARYLAND	o STATE Maryland b. COUNTY Anne Arundel
	_	b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16	CCIDY-OR-JOWN (If outside carparate limits, write RURAL and give negrest town)
		write RURAL and give negrest tawn)	Colf-ok-jown (if duiside corporale limits, write kakat and give necress rown)
	_	Annapolis	(1//Valletill)
١,		d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)	d STREFT ADDRESS ON A FARM?
	,	GO (MARKE) XV.	10 (Willer St.) YES NO TA
	3/	NAME OF First Middle	Lost 4 DATE Month Doy Year
	/	OECEASED (Type or print) Nannie C. Callahan	OF DEATH 7 10 67
	5	SEX 6 COLOR OR RAFE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IF JNDER I YEAR IF UNDER 24 HRS.
	I	Female / / WIDOWED M DIVORCED	8/19/93 Jost Jurthday) Months Days Hours Min
	_	© LSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR	
		ring most of working life, even if-retired) INDUSTRY	11 8UTHPLACE (County's State or foreign country) 12 CITIZEN OF WHAT
	1	NOUSENUTE	Market, og, last.
	13	SATHER'S NAME	14 MOTHER'S MAIDEN NAME
		beller Chouse	alen Humunin
	15	(es, no, or unknown) // (if yes give wor or dotes of service)	INFORMANT Address
	116	214 441879	UMMO, I HI ON VOKOMY Charles NA
		18. CAUSE OF DEATH (Enter only one cause per une for (a), (b), and (c).)	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
		15 /X IMMEDIATE CAUSE (a) DUE TO	
		Conditions if any which care 3	
		rise to immediate cause (o),	
		stating the underlying cause	
		lost (c)	
2	8	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
r)	CERT FICATION		YES NO
	ZI EI	20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		ACE OF INJURY (Hame, form 2Df (City or town) (County) (State)
	ME	Hour a.m. Pro 19 While Not While at work	ctory, street, office bldg., etc.)
		21 I certify that (!) (this hospital) attended the deceased from_	5/11/67 19 to 19 that (I) (we) last
			at death occurred atM, from causes and on the date stated above.
		220 SISHAFTIRE	22b DATE SIGNED
	1	trale 1 the ode "	D PHYS DIRECTOR PHYS D
1		22c Hyskians	22d ADDRESS
/		NAME (Type) Stephen B. Hiltabidle, M.	D. 121 Cathedral St. Annapolis Md.
	20		
	230	O SURIAL CREMATION, 236 DATE THEREOF 23 NAME OF CEMETERY OR	CHEMATORY 23d LOCATION (City or Town) (County) (State)
	1	04114 1-10776 11/W/	The property of property of the property of th
	24	4 FUNERAL DESECTOR ADDRESS	250 REC D 8Ý REGISTRAR 256 REGISTRAR S SIGNATURE
	1/1	114 1 1 1 1 10 11/1 14 2 6 23 0 15 1 1 1 1 1/1/1/8 1 1	21/ C. DATELLE 12 1961 Vincenta Vincent

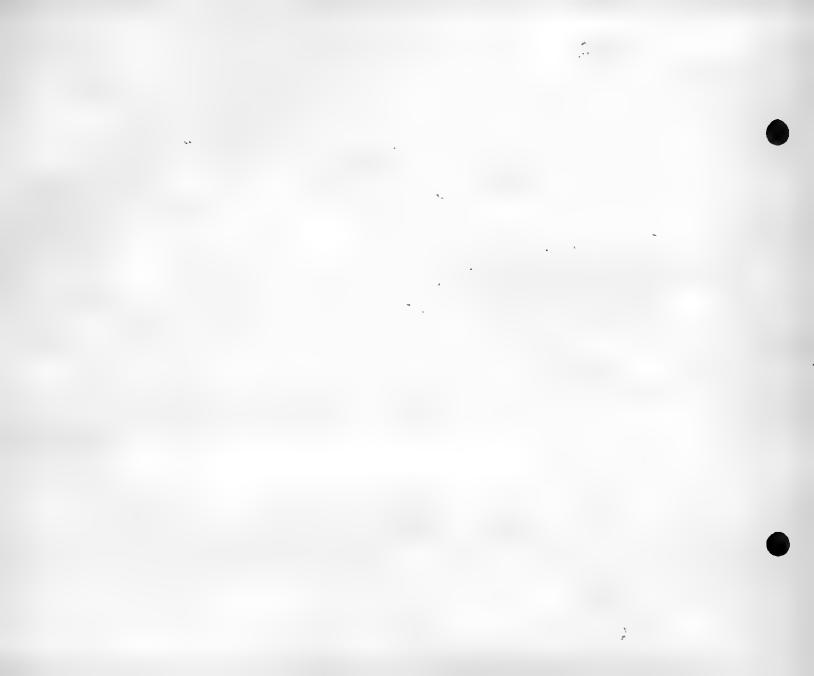
Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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	. 1	DIVISION O	MARYLAND STATE DEP. F VITAL RECORDS, 301 W. PRESTO		ND 21201
COLUMN TO A STATE OF THE PARTY	FOR STATE	99012	•	CERTIFICATE OF DEATH	69011
+	HEALTH DEAT	PLACE OF DEATH a COUNTY PACED.	MARYLAND	2 USUAL RESIDENCE (Where deceased in o. STATE	ved, if institution. Residence before admission) b. COUNTY
	ath If any delay is ages 1, 2, and 3 to the form PM3 Page State Department if	b CITY OR TOWN (if altiside carparate mits write PURAL and guid nearest town)	C LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corparate lin	ŧ
	Form form	D. O. A - narely a	n haspital, give street address) Principle Capp. 3	d. STREET ADDRESS 30 Strafford. K	e IS RES DENCE ON A FARM? YES NO
	after death If a. 8. Give Pages 1. along with farm with the State Dep	3 NAME OF DECEASED (Type or print) A Country The countr	and W Ch	A HURN OF DEATH	Manth Day Year
	This certificate should be executed within 24 hours after death I cate, writing the ward "pending" in pencil in Item 18. Give Pages be farwarded to the Chief Medical Examiner's Office along with far be used as a burial-transit permit. File pages I and 2 with the State removal, and in any event within 72 hours after death.	S SEX 6 COLOR OR RACE	7 MARR ED MEVER MARRIED DIVORCED DIVORCED	8 DATE OF B RTH 9 AG	(In years IF UNDER 1 YEAR IF UNDER 24 HRS 1 yethday) Manths Days Haurs Min
	24 hou in Item 's Offic is Land fter de	10g SUAL OCCUPATION (Give kind of work dane of ring most of work ng He (every betired)	106 KIND OF BUSINESS OF INDUSTRY WE'S FERW PRINTER! CO	11 B RTHPLACE (State or fareign country	12 CITIZEN OF WHAT COUNTRYS
	w thin 24 hours pencil in Item I Examiner's Office File pages I and 2	WAlter E Cha	Hman	ANNIP POULS	CN
	INER: This certificate should be executed within 24 hours be certificate, writing the word "pending" in pencil in Item I should be farwarded to the Chief Medical Examiner's Office files. 3 should be used as a burial-transit permit. File pages I and 2 tion, ar removal, and in any event within 72 hours after deptition,	IS WAS DECEASED EVER NUS ARMED FORCES? (Yes ing ar unknown) (If yes give war ar dates af		Ary E. ChatAmai	N 330 Stretford Ry
	be exe ''pendi hief Me ansit pe	18 CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o	(a. P.	desen	INTERVAL BETWEEN
	shauld be e ne ward "per a the Chief I burial-transit	Canditions, if any, which gave (b)			
	certificate should writing the word rwarded to the Ch sed as a burial-tra ral, and in any ev	rise to immediate cause (a), stating the underlying cause lost.			
	This certificate, writing farwar be farwar be used emoval, c	A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION G VEN IN	PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	INER: The certification is should be files. 3 should by the should be should by the should be should by the should be shoul	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	206 DESCRIBE HOW NURY OCCURRED	(Enter nature of injury in Part or Part II a	fitem 18)
		20c. I.ME OF INJURY Manth, Day, Year Hour a.m. 19		CE OF INJURY (Hame, farm 20f (Ct lary, street, affice bldg , etc.)	y ar fawn) (Caunty) (State)
		21. I certify that I took charge death resulted fram Natural	of the rema ps described above, he causes . Accident . Suid		erm ned manner
		ACTUAL SIGNATURE Running	est.	CHIEF MEDICAL EXAMINER M. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	nocessary, please execute the funeral director. Page 4 5 may be retained for your for FUNERAL DIRECTOR: Page Hearth prior to burial, crema	EXAMINER'S NAME Type)	Linhard.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or co	7-9-67
	TO D The S m THEG	230 BURIAL, CREMATION, 23b DATE THER 7-12	EOF 23c NAME OF CEMETERY OR -67 WOOd/ZWA	Cem Wood	112WN BeHO CO Mil
	VR A15ME (6)	BUNGER FUNERAL HO.	men 3631 Falls Re	Be / DATE JUL TEGISTRAR	967 Plantes Judge.
	134	Matin The true	7/2		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

09012 09013 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE **b.** COUNTY Anne Arundel Maryland MARYLAND non papers. Pages 1 within 72 hours after b CITY OR TOWN (If outside corporate limits, write RURAL and give georest town) c CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Baltimore h vears The law requires that the death certificate be executed within 24 ha .⊆ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B. IS RESIDENCE ON A FARM? filled Crownsville State Hospital 699 Saint Martins Lane NO YES completely fi nove corbon 3 NAME OF First Middle 4. DATE Day Year DECEASED OF DEATH John Chick and in ony event, (Type or print) 24 1967 S SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Doys Haurs Ш WIDOWED DIVORCED 8/14/19 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPEACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician c ien please during most of working life, even if retired) INDUSTRY **COUNTRY?** Laborer Carling Glass Co. Hungary

14. MOTHER'S MAIDEN NAME LISA 13. FATHER S NAME or removo Micheal Chick Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes no, ar unknown) (If yes give war ar dates of service) 218-07-4205 Hospital Records Crownsville. Air Force 1942-194 5 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Acute and organizing massive myocardial DUE TO infarction on the heart. Canditians, if any, which gave (b) Thrombosis of arteriosclerotic coronary rise to immediate couse (a), DUE TO vessels. stoting the underlying couse been s the ior to lost. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS certificate has PERFORMED? Hypertensive cardiovascular disease; chronic Brain Syndrome NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e P. ACE OF INJURY (Hame, farm, 20c TIME OF INJURY Month, Dov. Year (City or town) (County) (State) Hour 'o m. Not While factory, street, affice bldg., etc.) of work ot wark 21. I certify that M (this hasp'tal) attended the deceased fram. 12/5/ 1966 to 7/24/ last (اصير) (196.7 , that be retained saw the deceased alive an 17/24/ 19.67, and that death accurred at 7:20M, from causes and on the date stated above TO FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED M.D. PHYS. PHYS. D RECTOR 7/24/67 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Benedict, M.D Crownsville, Maryland 21032 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Glen Haven Memorial Park Glen Burnie. Marvland

250 REC D BY REGISTRAR

24. FUNERAL DIRECTOR

George J. Gonce 4001 Ritchie Hgwy, Balto, Md

VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) b COMMITTE Arundel o. COJNTY o STAMaryland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RUPATT TIE PERSTONITE 2 yrs. Millersville (P.O.) PHYSICIAN: The low requires that the death certificate be executed within 24 hours corbon gopers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 441 Poplar Road 441 Poplar Road NO A 3 NAME OF 4, DATE Year DECEASED STEPHEN CIRRI July 31 67 19 (Type or print) DEATH signed by the ottending physican ond compl buriol-transit permit. Then please remove a S. SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED X NEVER MARRIED 5 Jost birthdoy) Hours Feb. 1910 White Male WIDOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Maintance Meci Italy Mechanic 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joseph Cirri Marie Corsello 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 212-03-4622 Mrs/ Laura Cirri - Wife(same as # 2 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Carei no ma to si DUE TO Conditions, if any, which gove rise to immediate cause (a). DHE TO for use as the lift Health prior to t stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been is lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 200 ACCIDENT WAS UNDERLYING [1] 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m - foctory, street, office bldg., etc.) Not While of work of work 21. 1 certify that (1) (this hospital) attended the deceased fram Oct 6 1966, to July 31, 1967, that (1) (we) last saw the deceased alive on Live 31 1967, and that death accurred at 150M, from causes and on the date stated above 22b. DATE SIGNED 22o. SIGNATURE Dalo em director, page 3 M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Glen Surnie. Maryland Aug 1967 Glen Haven Memorial Pk. RECD BY REGISTRAR AUG 2 24. FUNERAL DIRECTOR VR A15 (4) Singleton Funeral Home/ Sim Burnie, Maryland AU 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



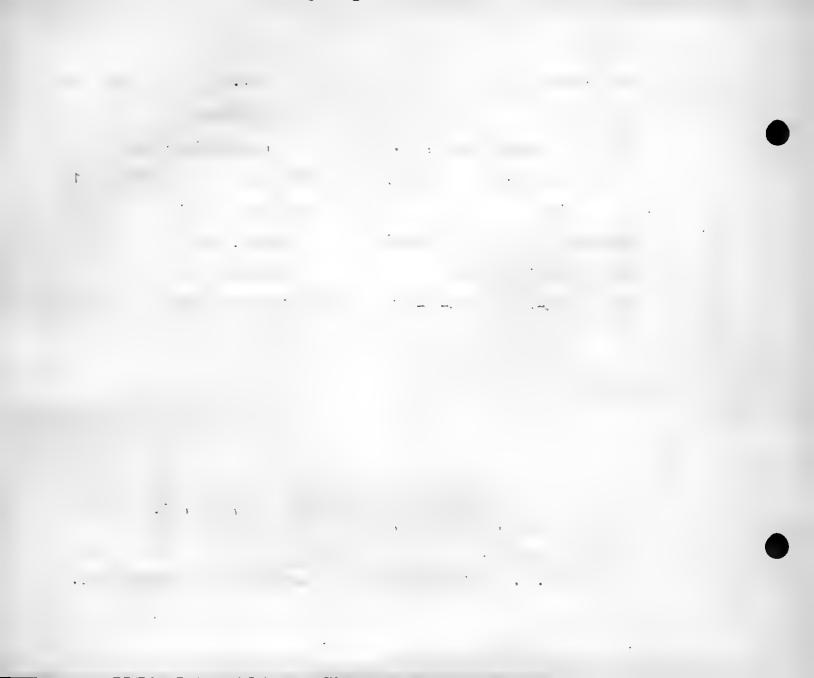
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09015 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH by the funeral dea 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o COUNTY tely filled in by the function bapers. Pages 1 c MARYLAND If outside corporate limits, c LENGTH OF STAY IN 16 auts de corporate limits, write RURAL and give nearest town) Dive Decreamown) APOLIS NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? YES NO I Middle DECEASED OF DEATH (Type or print) en AGE IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Jest britiday) Months Doys Haurs WIDOWED DIVORCED lease remo and 106 KIND OF BUSINESS OR OCCUPATION (Give kind a 12 CITIZEN OF WHAT or foreign country) INSTRICTOVM **COUNTRY 3** burial, crematian, mr removal, INFORMAN 16 SOCIAL SECURITY NO (Yes, no or unknown) (If yes give wor or dates of service CAUSE OF DEATH (Enter only one cause per line for (g) (b), and (c))
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH the signad by the burial-transit IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave 3 (b) rise to immediate couse (a), DUE TO stating the underlying couse detached far use as the te Dept af Health prior tal IO FUNERAL DIRECTOR: After this certificate has been (c) WAS AUTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION 2Do ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 14 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) , page 3 shauld be detache be filed with the State Dept MEDICAL 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, (State) 2Dc TIME OF INJURY Manth, Day, Year (City or town) (County) Hour om foctory, street affice blda, etc.) Not While of work 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred at 1250 saw the deceased alive an A M, fram causes and an the date stated above 22b. DATE/SIGNED M.D. DIRECTOR ADDRESS director, g BURIAL, CREMATION DATE THEREOF (firty or Town) (County) (Stote) 250 RECD BY REGISTRAR DATE AUG 2 REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATE AUG

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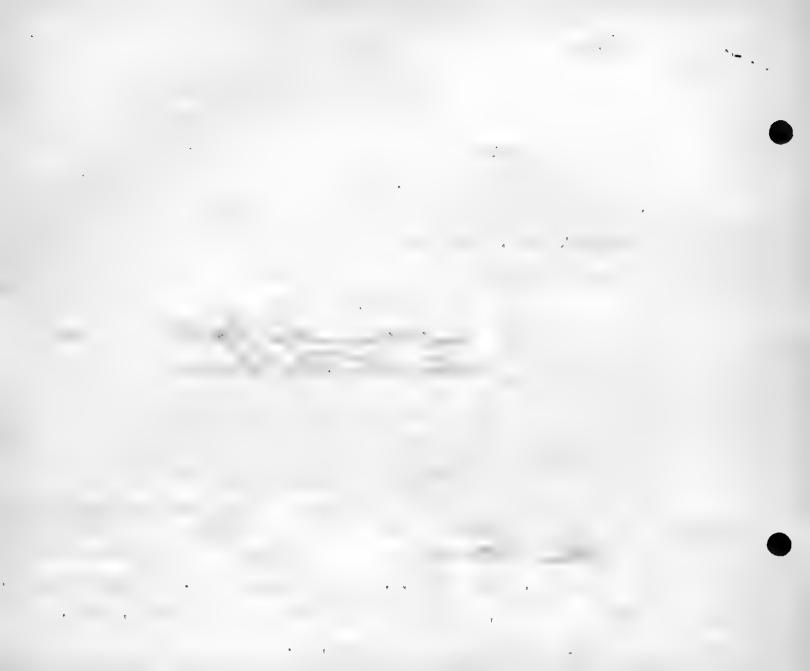
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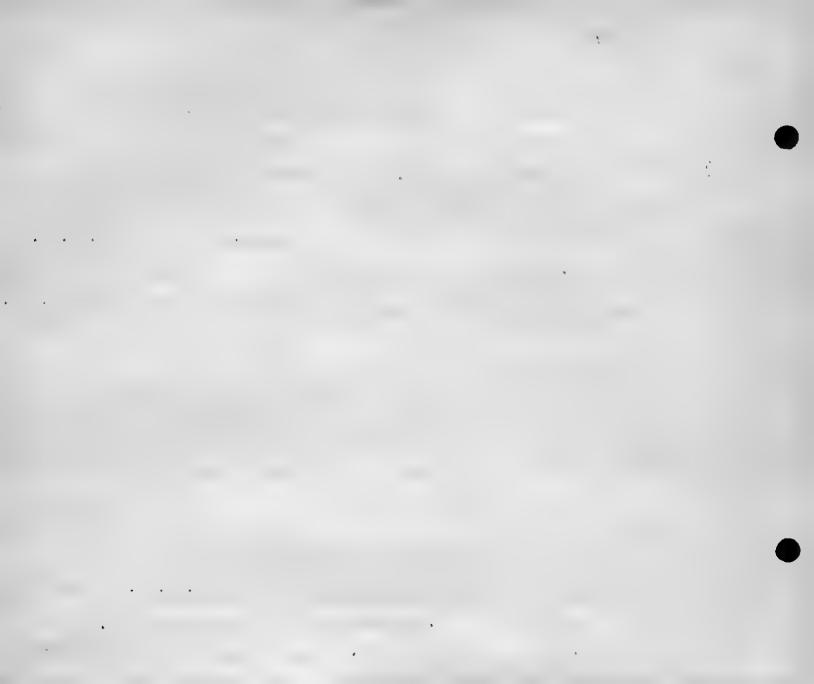
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09016 CERTIFICATE OF DEATH					
rs after death.	1. PLACE OF DEATH a. COUNTY ANNE ARUNDEL b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY MARYLAND ANNE ARUNDEL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
3 5	ANNAPOLIS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAVAL HOSPITAL, ANNAPOLIS, MD. 1 SOUTHGATE AVENUE 9. IS RESIDENCE DN A FARM? YES NO Y					
ath certificate be executed within 24 ho attending physician and completely filled rmit. Then please remove carbon papers, or removal, and leany event, within 72 h	DECEASED (Type or print) SCHAMYL (NMN) COCHRAN DEATH JULY 1 19 67 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH MALE CAU WIDOWED X DIVORCED 25 MARCH 1986 81 yrs.					
rtificate be e ing physician. Then please i	1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND DF BUSINESS DR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY? 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME 14. MDTHER'S MAIDEN NAME 14. MDTHER'S MAIDEN NAME 15. CITIZEN DF WHAT COUNTRY? 15. CITIZEN DF WHAT COU					
he de y the sit pe matio	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes three war or dates of service) YES 1904-1946 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:					
requires ding phy been sig the buri	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) BROWICHO PINCLEMONTA (c)					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or atten To FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)					
ITTENDING PHY etained by the STOR: After thi should be det.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 22 JUNE , 1967 , to 1 JULY , 1967, that (I) (we) last saw the deceased alive on 1 JULY 1967 , and that death occurred at 6:10% from the causes and on the date stated above.					
D HOSPITAL OR A Page 4 may be r D FUNERAL DIREC director, page 3 should be filed w	22a. SIGNATURE M.D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED 22c. PRYSICIAN'S 22d. ADDRESS NAME (Type LT L. W. JOHNSON, MC USNR NAVAL HOSPITAL, ANNAPOLIS, MD.					
VR A15 (4) 20M 1/65	23a. BURIAL, CREMATION, 23b. DATE THEREOF 230. NAME OF GEMETERY OR CREMATORY 23b. LOCATION (City, town or county) (State) BURIAL (Specify) 755-67 HERNINGTON NATIONAL HORNINGTON VC " 24/ FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 26b. REGISTRAR'S SIGNATURE Ohn M. Joy to A Low Lingsof, Md. DATEJUL 5 1967 Pelicarles Judge					



1	1	Division of STATISTICAL RESE	MARYLAND STATE DEP ARCH AND RECORDS, 301		LTIMORE, MARYLAND 212	201
		09017	CERTIFICATE	OF DEATH		09616
hours after death n by the tuneral s. Pages Fand hours after death		PLACE OF DEATH O. COUNTY A NA AGUN B. CITY OR TOWN (If outside carporate imits, write RURAL and give pearest town) GIN BURNIE	dle Comaryland c LENGTH OF STAY IN 16 -	a. STATE MARY LA	porote limits, write RURAL and give	e nearest tawn)
nin 24 ha filled in l papers. thin 72 ha	10	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, North Arundle	give street address)	d. STREET ADDRESS 125 C)	cerrie Lane	e IS RES DENCE ON A FARM? YES NO
ed within		NAME OF DECEASED (Type or print) SEX 6 COLOR OR RACE 7. MARRIED	Middle W NEVER MARRIED 8.	Cole OF DEA	7	Day Year 19 6 7 YEAR IF UNDER 24 HRS.
e execut and com remove	10	Make Colored WIDOWED USUAL OCCUPATION (Give kind of work done 10b K	DIVORCED Z	July 29, 1908	last birthday) Months Yrs 12. Cl	Doys Hours Min.
ficate by ysician please al, and i		ing most of working life, even if refired) FATHER'S NAME	YSTRY	BAGS. 14. MOTHER'S MAIDEN NAME	Md. In	S. A
ne death certificate to attending physician permit. Then please ian, ar removal, and	19	WAS DECEASED EYER IN J.S. ARMED FORCES? es, no. ar Junknawn) (If yes give war or dates at service)	SOCIAL SECURITY NO. 17. IN	JOA MHE Betty Col	Fidgunay Address y	<u> </u>
equires that the physician. signed by the burial-transit purial, cremati		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Mestures Co Mintures Con	ardro Kengl ardro Kengl	Cosease Chritin GIVEN IN PART 1(0)	INTERVAL BETWEEN OMSER AND DEATH CLILIC MACH. 2 Cit C M CCM. 19. WAS AUTOPSY PERFORMED?
	CERTIFICATION		ESCRIBE HOW INJURY OCCURRED. {	<i>y</i>		YES NO
O HOSPITAL OR ATTENDING PHYSICIAN: 18 Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21 certify that (I) (this haspital) after	Not While factor at work factor at work factor at work factor fac	ry, street, affice bldg., etc.)	7, to July 6, 19	thot (I) (we) las
D HOSPITAL OR ATTENDING Page 4 may be retained by th D FUNERAL DIRECTOR: After i director, page 3 shauld be d shauld be filed with the State		saw the deceased alive on stellar saw the deceased alive of the deceased alive of the deceased alive on stellar saw the deceased alive of the deceased alive o	1967, and that	ATTENDING MED.	M, trom couses and an top STAFF 22b. C	the date stated above
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil	23	o. BURIAL CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C	101 Cherry	LOCATION (City or Town)	(Caunty) (State)
VR A15 (4) .		REMOVAL (Specify) 7-9-1967 4 FUNERAL DIRECTOR Chroy O. Wilson	ADORESS - 1082 Browlles	25a REC'O BY REC	Brocklyn SISTEAR 7 29 REGISTRAR'S 1967 GREGISTRAR'S	SIGNATURE







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01000

FOR STATE	09020 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	CLUC				
HEALTH DEPT.	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Residence	le before odmission)				
A 5 6 2	o. COUNTY Appe Arundel MARYLAND	o STATE b. COUNTY	Λ				
ent de de	b. CITY OR TOWN (If outside corporate limits LENGTH OF STAY IN 16	c CITY OR TOWN (if outside corporate limits, write RURAL and give	nearest town)				
y de 2, and PM3.	write RURAL and give nearest lown) Glen Burnie	Glen Burnie					
H 17	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
Fe D arm	North Arundel Hospital D.O.A.	626 Binstead Road	YES NO				
the gard	3 NAME OF First Middle	Lost 4 DATE Month	Doy Year				
after death 18 Give Pages alang with far with his	DECEASED (Type or print) FRANK FRAZIER	COON III DEATH July	16 19 67				
ang Gir		B DATE OF BIRTH 9 AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.				
ns and ns	Male White WIDOWED DIVORCED	1-7-1934 loss burliday) Months	Doys Hours Min				
thours them 18 Office I and 2 ver death	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	1) BIRTHPLACE (Stote or foreign country) 12 CIT	IZEN OF WHAT				
24 hin the ris of ris of the rifter	during-most of working life, even if retired) U.S. DustRVY.	WASH. D.C. U.S.	PLF #				
within 24 hours of pencil in Item 18 kaminer's Office caminer's Office calle pages land 2 whours after death	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME					
I within n pencil Examine Examine file pagi	FRANK F. COON JR.	FLORENCE J. LITTLEFIELD					
ed v	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
d co	(Yes.no.or unknown) (If we spino wor ar dates of service) 214-30-6924 IR.	S. HARRIET L. COON 626 PINSTEAD) RD.				
shauld be executed within he word "pending" in pencil to the Chief Med cal Examine burial-trans t permit. File pag n any event within 72 hours t	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	GLEW BURNLE Fid.	INTERVAL BETWEEN ONSET AND DEATH				
be "pl "ipl htef ans	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple fra	ctures including: ribs:	ONSET AND DEATH				
ord ord	5/6.4 DUE TO mandib	le and left femur					
the word to the Cl to the Cl burial-tru in any ev	Conditions, if ony, which gove (b)						
ficate s ting the rded ta as a bu and in a	stoting the underlying couse						
certificate shauld writing the word rwarded ta the C. Ised as a burial-trust, and in any evert, and in any evert, and in any evert, and in any evert.	lost (c)		I TO WAS A TODGY				
This certificate shauld be executed within 24 hours after death. If a rifficate, writing the word "pending" in penal in Item 18 Give Pages 1, ld be farwarded to the Chief Med cal Examiner's Office along with farm buld be used as a burial-trans t permit. File pages land 2 writing State De or removal, and in any event within 72 hours after death.	PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19 WAS A TOPSY PERFORMED?				
ER: This certificate, auld be failes. es. hauld be u nor remov	20. EVIED ALCALIET MAE		YES NO				
프 프 프 니	PERI YES 200 EXTERNAL (AUSE WAS PRIMARY (Augre CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH						
EXAMINER: cute the certif age 4 shauld r your files. Page 3 shaulc	CAUSE OF DEATH. Subject drive 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLA	Ver in auto-auto collision ACE OF INJURY (Home form 20f (City or town) (Cou	unty) (Stote)				
= 5 × + cv = 1	Hour o.m. While — Not While — for	ctory, street, office bldg., etc.)					
orcal Examiners to execute the cell ctar. Page 4 shauled far your files. ECTOR: Page 3 shaburial, cremation,	2.26 94 / 16 7 6/1 of work 12 of work 12	Road Dorsey Rd. 1000					
\$ @ @ @	21. I certify that I took charge of the remains described above, he death resulted from Natural causes , Accident , Sui		and in my ary ion				
Se e car	death resulted from Natural causes , Accident VI, Sun	cide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER					
MEDICAL please exe director, P retained fa DIRECTOR in ta burial,	ACTUAL (1) A Design	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED				
JTY A Iny, pla eral d be rei RAL D priar	SIGNATURE EXAMINER'S	DEPUTY MEDICAL EXAMINER					
o DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health priar ta burial, crema	NAME (Type) Russell S. Fisher, M.D.	_	y 17, 1967				
TO DEPU necessal the fun 5 may 1 10 FUNEI Health 1	230 BURAL (REMATON, 23b DATE THEREOF 67 ARLILINGTON NAT		(County) (Stote)				
5 = 25 =	EMOCYALISOBATY) JULY 20 /O (ARCLINGTON NAT						
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS DATE OF BA	250 REC'D BY REGISTRAR 250 REGISTRAR S SI					
6M 1/67	24 FUNERAL DIRECTOR 322 S. HIGH ST. BA	LIFO. MADATE JUL 20 1967 Kolisa	les Judge				



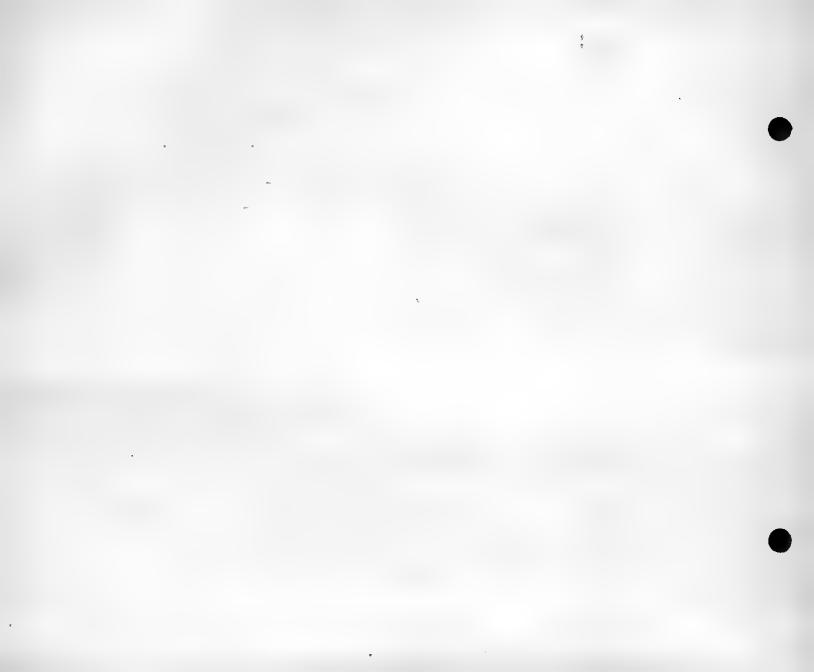
MARYLAND STATE DEPARTMENT OF HEALTH 09033 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09021 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPL 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1 PLACE OF DEATH p (OUNTY o STATE b COUNTY MARYLAND c CTY OR TOWN (floutside corpgiote imits, write RURA, and give hearest town) b CITY OR TOWN (If autside carparate , mits CLENGTH OF STAY IN 16 2, and 2 write RURA, and give nearest tawn! - KIUCK d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? along with farm 1032 S. Edison St.. D.O.A - ANNE MEUNDEL YES NO [Item 18 Give Pages This certificate shauld be executed within 24 haurs after death Copenhaven NAME OF M ddle DATE Manth Year DECEASED Copenhore K Lee (Type or print) DEATH 1965 IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH 9 AGE (In years 7 MARR ED NEVER MARRIED ast birthday) Months Hours 12-14-20 WIDOWED DIVORCED 72 havrs after death 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a LSUAL OCCUPATION (Give kind of work done 11 B RTHPLACE (State or fare an country) COUNTRY? during most of working life, even if retired) INDUSTRY Virginia
14. MOTHER'S MAIDEN NAME Automobile Painter ÙSA 13. FATHER'S NAME Wade Cepenhaver Stella Limeweaver 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address writing the word "pending "
writing the Word "pending " (Yes, na, ar unknown) (If yes give war or dates at service) event within Yes NZA Ethel Copenhaver (wife) same as #2 above yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) ENSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate cause (a), _ DUE TO stating the underlying cause 19 WAS AUTOPSY PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) remaval, PERFORMED? NO 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of an ury invent 1 or Part 11 of item 18.) 3 shauld PR MARY X or CONTR BUTING CAUSE OF DEATH crematian, MEDICAL 20f (City or town) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form 20c T ME OF INJURY Manth Day, Year Charpeste Day Hour am Not While at work DIRECTOR: Page 17 00 at wark 21 I certify that trook charge of the remains described above, held an Autopsy Inspection 1 and n my op n on Accident Su cide death resulted frame Matural causes Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER may be re FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER Address (Street, city town or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF 50 0 Removal pecfy)
Removal -Buria Edinburg Schenerdoch
REGISTRAR 756 REGISTRAR'S SIGNATURE Cedarwood Cemetery 24 FUNERAL DIRECTOR 25g. REC D BY REGISTRAR VR A15ME (5) Michaelen 1967

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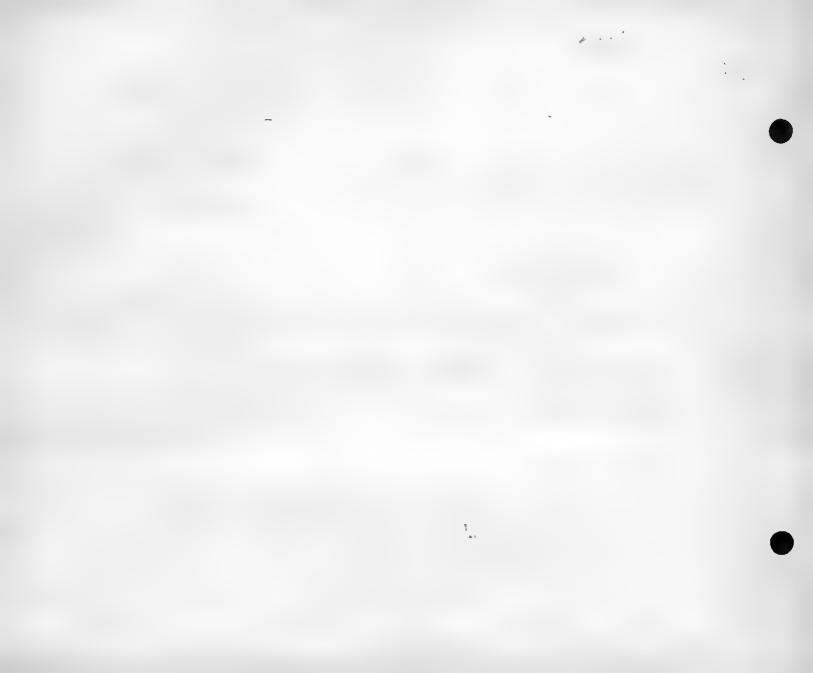
Home

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Hosping Funeral



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09022 deoth and I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY b. COUNTY o. STATE completely filled in by the fun nove-carbon papers. Pages 1 yevent, within 72 haurs after ANNE ARUNDEL ANNE ARUNDET MARYLAND requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits. r LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give necrest town) write RURAL and give negrest town) RURAL- GLEN BURNIE 8 DAYS RURAL-PASADENA d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d. STREET ADDRESS IS RES'DENCE ON A FARM? YES NO TX NORTH ARUNDET, HOSPITAL LAKESHORE DRIVE 3 NAME OF First Middle Lost 4 DATE Manth Doy Year DECEASED M. DEATH (Type or print) 19 67 THERESA COUNCILL SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED remay 7 diast birthday Months Days Hours 1893 WIDOWED DIVORCED in any WHITE 10g, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY NEW YORK NEW YORK USA 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Joseph Anton Smith Mary Kannengeiser WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates af service) Ь Mrs. Thomas C. Chase, Jr. 505 W. University CAUSE OF DEATH (Enter only one couse per ling for (a); (b), and (c)) burial-transit PART I DEATH WAS CAUSED BY SET AND DEATH IMMEDIATE CAUSE to DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse has been the r to last. 0 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? CERTIFICATION NO certificate 20o. ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year 204 INJURY OCCURRED (City or town) (County) (State) Haur a.m factory, street, affice bldg, etc.) at work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the decaased fram be retained and that death accurred at 9294 M, from causes and on the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATESIGNED ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS 22c PHYS!CIAN'S director, po shauld be f NAME (Type) 06 23o BURIAL CREMATION 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BurFFMQVAL (Specify) 8/2/67 Greenmount Cemetery Baltimore, 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR AT5 (4) 20 M 1/66 Ullrich Funeral Home 4210 Belair Road.

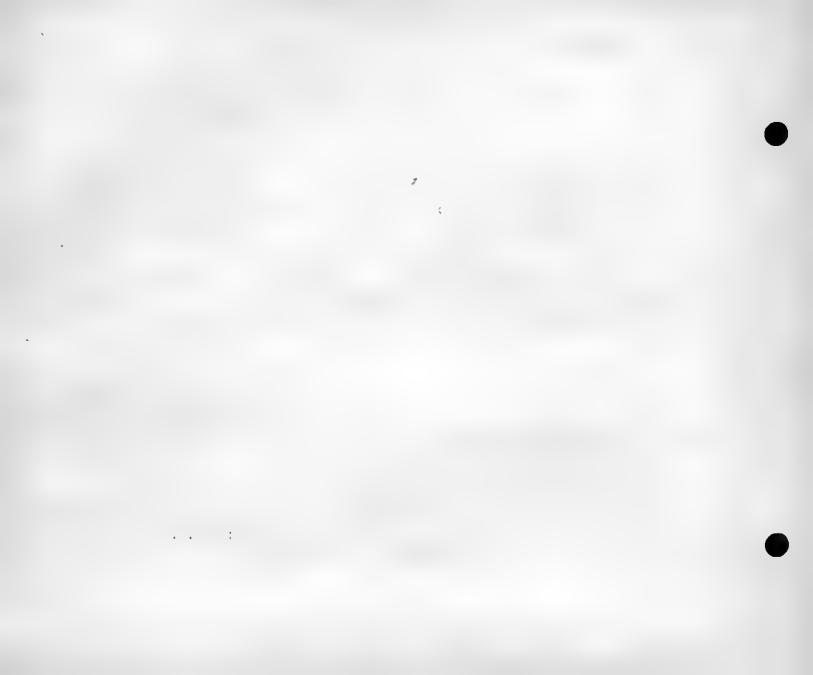


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Itom #9 Film #G391 CERTIFICATEDOF 09023 24 hours after death rely filled in by the funeral rooms. Poges 1 and w thin 2 hours offer death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o (White Arundel o STATE Maryland b countine Arundel MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside comparate limits, write RURAL and give nearest town) d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street oddress) Severn ON A FARMS d. STREET ADDRESS 105 Marvland Ave. 105 Maryland Ave. YES NO K requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Lost Manth First Doy Year DECEASED IRA K. CROW July 25 19 67 (Type or pnnt DEATH attending physician and complet permit. Then please remove car IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 9. AGE (in years 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Hours Male White Dec. 1881 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II BIRTHPLACE (County & State or fareign country) Polint Marion Bk. COUNTRY? during martic property life, eyear (seitred) Favette Co. Pa. 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, or removal (unknown) Crow (Unknown) Address Severn, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dotes of service permit. 81-16-0805 /Ermest O. Knapp- 5.Maryland Ave. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or ottending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gave use to immediate couse (a), DUE TO stating the underlying cause lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6). of Health NO YES jo 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 1B.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detoche should be filed with the Stote Dept. 20r TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg , etc.) 21. I certify that (I) (this hospital). attended the deceased fram 3 should and that death occurred at in causes and an the date stated above 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION. 23b. DATE THEREOF (County) (State) Burial (Specify) 7/29/67 EverGreen Memorial Pk. Point Marion. Favette.Pa. 2So. REC'D BY REGISTRAR Willowley uperal Home/Glen Burnie, Maryland VR A15 (4) 20 M 1/66

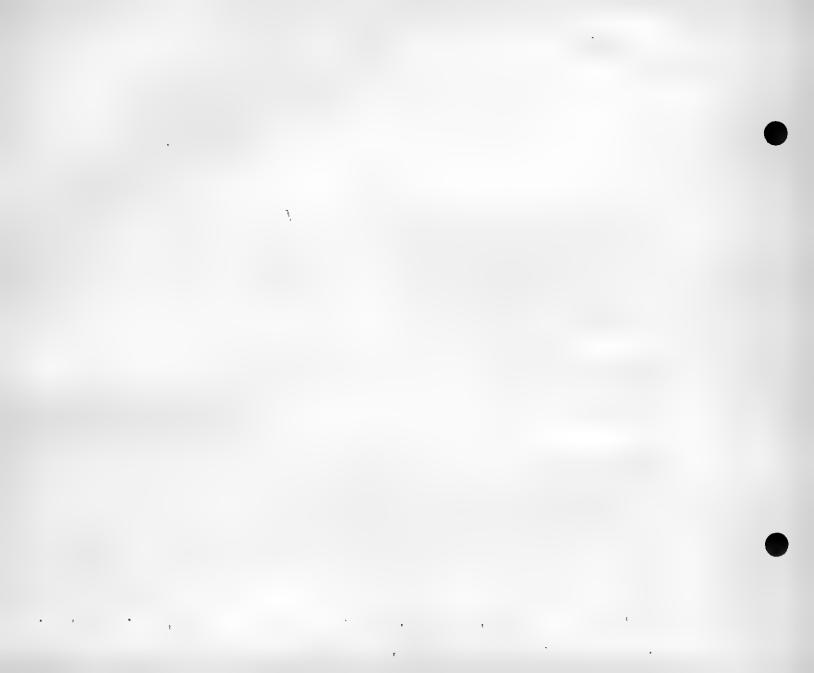
MARYLAND STATE DEPARTMENT OF HEALTH

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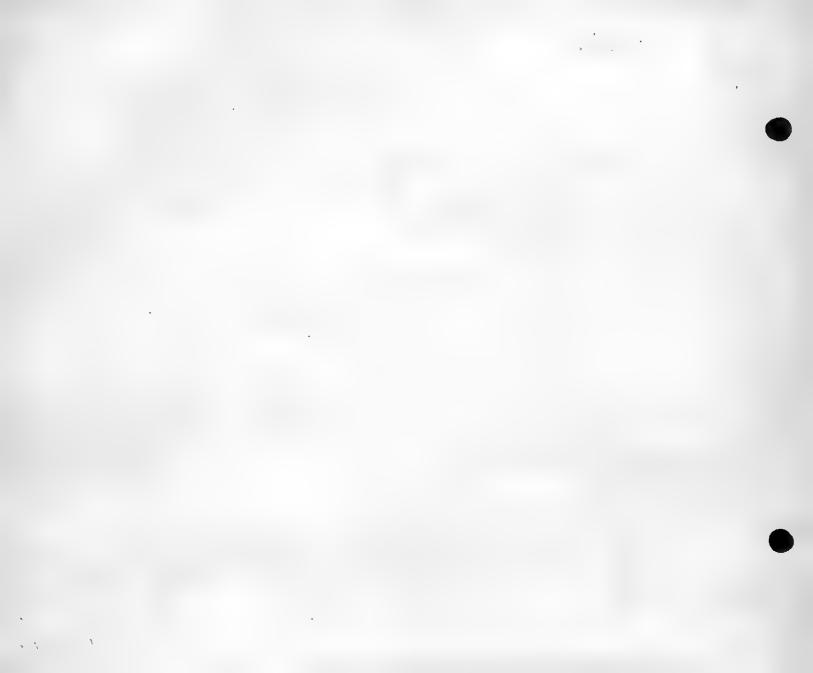
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69623 CERTIFICATE OF DEATH 09024 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft write RURAL and give nearest town) Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital 730 Glenwood Street YES NO X NAME OF First Middle DATE Year DECEASED Monroe CRUTCHLEY Robert July Type or print) DEATH 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** burthday) Months WIDOWED X August 27,1888 White DIVORCED Male 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working ite, even if retired) INDUSTRY IEWS PAPER **COUNTRY?** Maryland S. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME THOMAS CRUTCHLEY CRUTCHLEY Address EDGEWATER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service NTERVAL PETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed Conditions, if any, which gove rise to immediate couse (a). DUF TO stating the underlying couse this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED 20o. ACCIDENT WAS JNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INILIRY OCCURRED 20e, PLACE OF NJURY (Home, form, (C ty or town) (County) (Stote) Not While foctory, street, office bldg., etc.) of work 🔲 ot work certify that (1) (this haspital) attended, the deceased fram. 5:20 M from causes and an the date stated abave TO FUNERAL DIRECTOR: saw the deceased alive an_ and that death accurred at 220 SIGNATURE M.D DIRECTOR ZZC. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, 230 BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BLARIAL (Specify) 1967 CEDAR ANNAPOLIS 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09024 09025 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours after deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) n. COUNTY h COUNTY Anne Arundel MARYLAND filled in by ... no pages 1 Mary land b. CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) write RURAL and give nearest town) Crownsville COMPTON Rt. 2 Box 51 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE 16 ON A FARM? YES NO Crownsville State Hospital Workland 3 NAME OF Middle 4 DATE corbon Day completely DECEASED (Type or print) DEATH Delahav Clement IF UNDER 74 HR IF LINDER I YEAR S SEX 8 DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED or removal, and in any 0/24/05 12 CTIZEN OF WHAT 1Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) **COUNTRY?** ottending physicion permit. Then please Farmer Maryland
14. MOTHER'S MAIDEN NAME LISA 13. FATHER'S NAME IDA DRURY \mathbf{F} Frank Delahay WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) Hospital Records Crownsville Md 217-36-6673 cremotion, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY. burial-transit ONSET AND DEATH Hypertensive Cardiovascular Disease IMMEDIATE CAUSE (a) signed by Poge 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave (b) Secondary Chronic Brain Syndrome associated rise to immediate cause (a) DUE TO with generalized Arteriosclerosis ed for use as the b stating the underlying cause hos been last. 19 WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) NO T certificate 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, form, (City or town) 2Dc TIME OF INJURY Month, Day, Year (County) Hous am factory, street, office bldg, etc.) Not White et werk at work TO FUNERAL DIRECTOR: After 1967 to 7/21 , 1967, that (I) (we) las 21. I certify that (1) (this haspital) attended the deceased fram 5/23/ 19.67, and that death accurred at 12:50M, fram causes and an the date stated above saw the deceased alive on 7/21/ 22b. DATE SIGNED 22n. SIGNATURE M.D DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Benedict. Crownsville Maryland director, should by 230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) ST. MARY'S. MD. JULY 24, 1967 BURIAL ST. FRANCIS XAVIER 25g. REC'D BY REGISTRAR 25b REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09026 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a COUNTY o. STATE **b.** COUNTY ANNE ARUNDEL MARYLAND autside carparate limits, write RURAL and give neorest town) b CITY OR TOWN (f gutside carparate lim ts c LENGTH OF STAY N 1b wate RURAL and give nearest tawn) BURNIE d. NAME OF HOSPITAL OR INSTITUTION (if not in haspita, give street address) d. STREET ADDRESS e S RESIDENCE ON A FARM? farm KIL11-13H118E NO in Item 18 Give Pages 3. NAME OF 4 DATE Year DECEASED (Type or print) DEATH 9 AGE (n years S. SEX 6 COLOR OR RACE 7 MARRIED lost birthday) Manths WIDOWED DIVORCED event within 72 haurs after death 100 USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Housen 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17 INFORMANT (Yes no, ar unknown) (If yes give war ar dates af service) 18 CAUSE OF DEATH (Enter only one couse per line for (a)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO any Canditions, Lany which gave rise to immediate cause (a), DUE TO stoting the underlying cause 19 WAS AUTOPSY PERFORMED? ar remayal, PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE COND TON GIVEN IN PART I(a) NO X 20o EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Part II of item 8, 3 shauld PRIMARY CONTRIBLE NG CONTRIBLE 4 shauld **CAUSE OF DEATH** crematian, 20d INJURY OCCURRED 20e PLACE OF N.URY (Hame, farm, 20f (City or fawn) (sounty) 20c T ME OF INJURY Month, Day, Year factory street office blda . etc.) наыг а т. Not While 5 may be retained far yaur 10 FUNERAL DIRECTOR: Page at work at wark 21. I certify that I took tharge of the remains described above, held an Autopsy Inspect an and in my apinion death resolted from Accident [Su cide . Natural causes Homic de Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER E DEPUTY MEDICAL EXAMINER Address (Street, city, town ar county) NAME (Type) 23d LOCATION (C two Tawn) 2Sq REC D BY REGISTRAR FUNERAL DIRECTOR VR A15ME (5) 331 Patorosses ascorre JUL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after Meath. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE Maryland a. COUNTY b. COUNTY A. A. Co. Anne Arundel Co. Crownsville. MARYLAND CLENGTH OF STAY IN 1h c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town Crownsville, Ma Marvland 9 days Severna Park e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS P.O. Box 216 Crownsville State Hospital NO 🔀 YES The law requires that the death certificate be executed within DATE NAME OF First Middle Last Month Day Year DECEASED July 21 1967 Harry Faeser (Type or print) DEATH event. IF UNDER 24 HRS IF UNDER 1 YEAR S SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** remove lost birthday) Hours 9/5/98 Male White and in any WIDOWED DIVORCED ond 1Do. USDAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT COUNTRY? physician c during most of working life, even if retired) INDUSTRY Maryland Tougne - ounes 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar removal, George Franklin Feeser Sarah Bonebrake 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) 216-18-5561 Anita Viola Feeser Saverna Park. Md 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acuta Pulmonary Edema IMMEDIATE CAUSE (a) DUE TO Hypostatic Pneumonia Canditions, if any, which gave rise to immediate cause (o), DUE TO Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been stating the underlying couse # filed with the State Dept, af Health priar ta () Arteriosclerotic Cardiovascular Disease 9 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? use NO j 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part It of item 18) 2Do ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or fown) (County) (Stote) 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 2Dc TIME OF INJURY Month, Day, Year Not While factory, street, office bldg, etc.) 90 1967 to 7/21 . 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 7/21/67 67, and that death accurred at 9:45% from causes and on the date stated above. saw the deceased alive on 22p SIGNATURE ATTENDING M.D PHYS 22d. ADDRESS PHYSTCIAN'S O HOSPITAL Banedict M.D. NAME (Type) Ludwie director, should be OF CEMETERY OR CREMATORY (County) (State) BURIAL, CREMATION, 23b. DATE THEREO 0 25a REC'D BY VR A15 (4)



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARTLAND	
- 250	09028 CERTIFICATE OF DEATH	09027
fter death	1 PLACE OF DEATH O. COUNTY MARYLAND D CITY OR TOWN (If autside carparate mits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and	d give nearest town)
The law requires that the death certificate be executed within 24 haurs after death attending physician. The attending physician and campletely filled in by the functions as as the burial-transit permit. Then please remave carbangulers. Pages is and the prior taburial, crematian, ar remaval, and in any event, within 72/haurs after death.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
within 24 h	# 505 Heath Avenue #505 Heath Ave. 3 NAME OF DECEMBED CITY Middle Last 4. DATE Month OF The Company of the Com	Doy Year
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be exert and compared in any	DI USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Gaunty & State, ar foreign country),	2 CITIZEN OF WHAT
ertificate E physician sen please aval, and i	13. FATHER'S NAME	COUNTRY? A-
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wage 4 may be retained by the haspital or attending physician. PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplets director, page 3 shauld be detached for use as the burial-transit permit. Then please remave care shauld be filed with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event,	IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or yinknown) (If yes give war or dotes of service) (You have a service) (Yo	Sam 1 # 2
nat the d , y the att insit per	18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Worser Worser Washer Wash	INTERVAL BETWEEN ONSET, AND DEATH
The law requires tha aftending physician, has been signed by se as the burial-tranth prior ta burial, crevity	Conditions, if any, which gave (b) (b) (c) (c) (c)	100/2010
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S PHYSICIAN the haspital of this certifical defached far e Dept. af He	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 1B.)	
Page 4 may be retained by the haspital or affending for FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior ta	20c. TIME OF INJURY Month, Doy, Year Haur a m. 19 20d INJURY OCCURRED While of work at work at work 20e PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)	(County) (State)
OR ATTENDING be retained by th DIRECTOR: After i je 3 shauld be d ed with the State		on the date stated obove
OR A' be referenced by the second of the sec	220. SIGNATURE QUE SOLUÇÃO M.D. ATTENDING MED. STAFF DIRECTOR PHYS DIREC	7/13 67
O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fil	NAME (Type) Phou Schm tod 1301 amagnessa	(County) (State)
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VR A15 (4)	FUNERAL DIRECTOR Single to ADDRESS FAMER AND PAIR 1957 BB REGISTION 1957 BB REGISTION OF THE PAIR 1957 BB REGISTION OF THE PAI	0

MARYLAND STATE DEPARTMENT OF HEALTH

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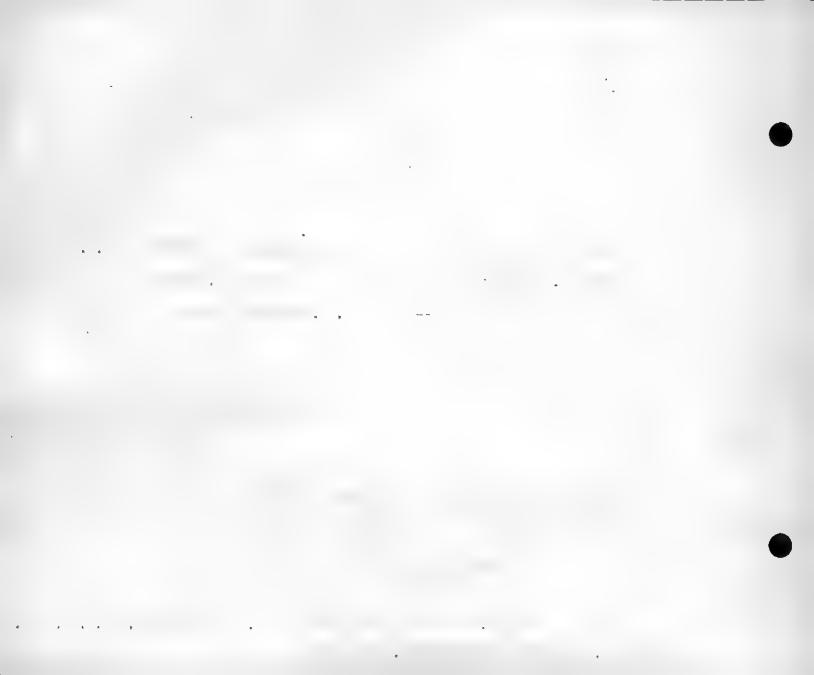
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

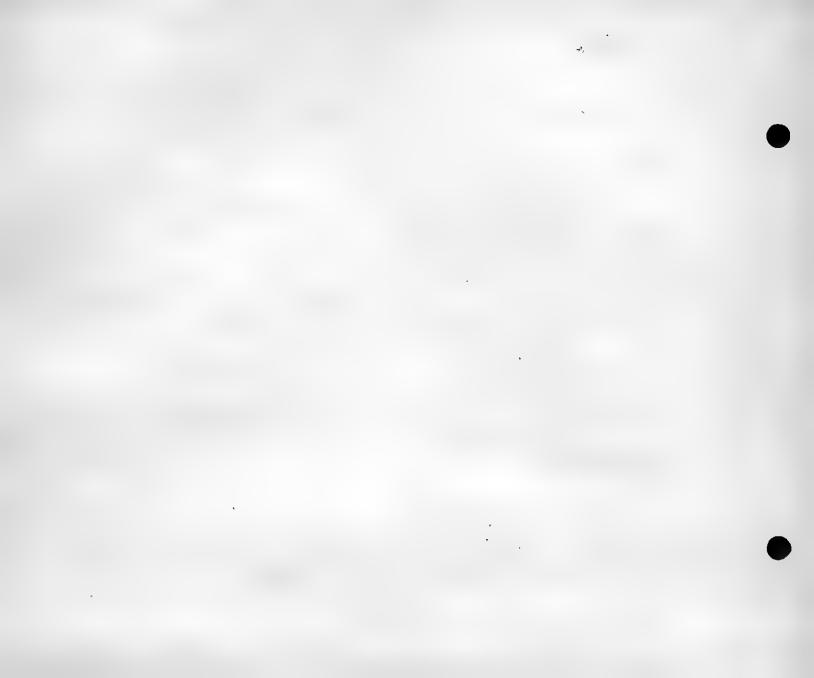
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N		NORTH ON (If not p hosp		d STREET ADDRESS	-Bf 302		S RES DENCE	
	3 NAME OF DECEASED (Type or print)	EJUARD	Shald e	ARPSYNS:	4 DATE Moi OF DEATH	7	Year 19 6 7	
	M	OLOR OR RACE 7 MAR WIDO	WED DIVORCED	B DATE OF BIRTH	9 AGE (In years last birthdoy)	Months Doys H	UNDER 24 HRS fours Min	
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	13 FATHER'S NAME Joseph	J. Garpstas		14. MOTHER'S MAIDEN I	da M. Lehmann			
	1S. WAS DECEASED EVER IN L			7 INFORMANT r. J. Garosta	Add			
	18 CAUSE OF DEATH WART I. DEATH WART I. DEATH WART I. DEATH WART II. DEATH WART II. DEATH WART II. DEATH WART II. DEATH WART III. DEATH WART I	DUE TO th gove (b) (b) (b)	te for (0) (5) ond (c))	7			AL BETWEEN AND DEATH	
d	PART I OTHER SIGNIFI		ING TO DEATH BUT NOT RELATED				AS AUTOPSY REORMED?	
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	20c TIME OF INJURY Hour pont	120 (7)	20e While hot While it work at work	PLACE OF NJURY (trame farm factory, street on ce b dg ey)		AACO	(State)	
	21. I certify the death resulted f		e remains described above es , Accident ,	ivicide 🔲, Hamicide			my opinia	
	ACTUAL SIGNATURE	Tulwes	4	Mr.D	EXAMINER	22.	DATE SIGNED	
X	EXAMINER'S NAME (Type)	E. LIN	hardt.	Address (Street	, city town or county)	7-7-	-6/	
	230 BUR AL CREMATION, REMOVAL (Specify)	July 11.1	967 Glen Haven	or crematory Memorial Pk.	Ritchie Hgw		(State)	
1	24 FUNERAL DIRECTOR		ADDRESS Rel	250 RECI	JUL 12 1967	REGISTED SIGNATURE	Judgen	

DATE

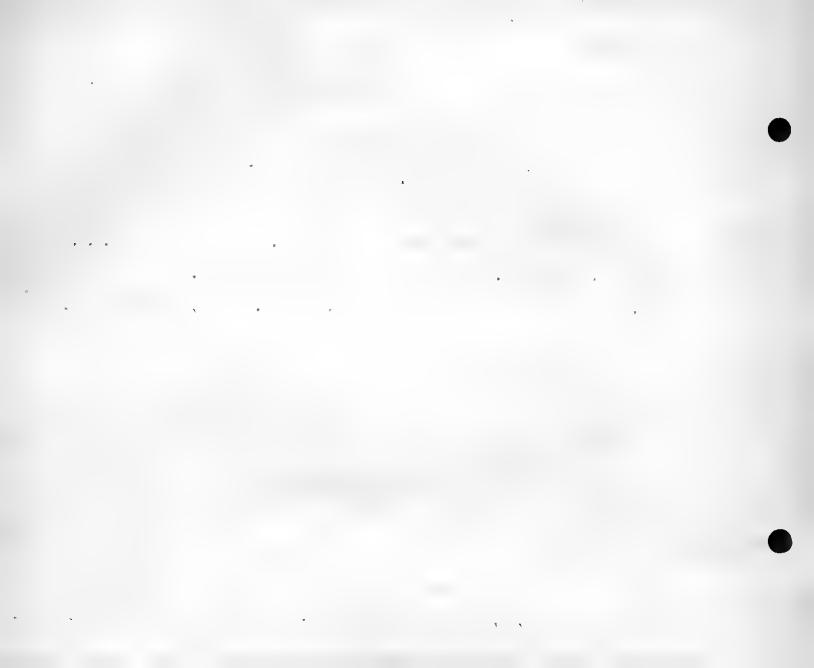
George J. Gonce-h001 Ritchie Hgwy., Baltimore



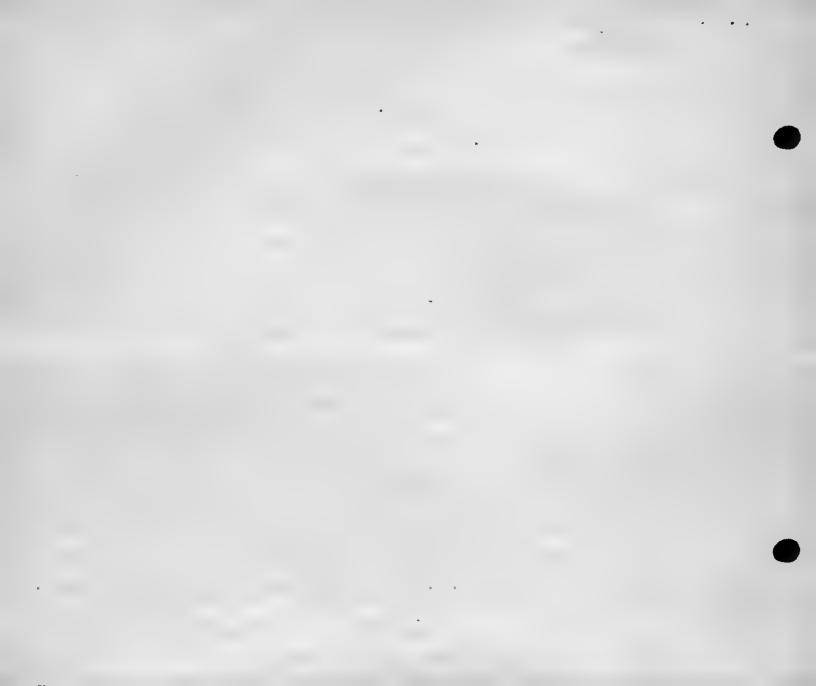
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09028 09029 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND ian papers. Pages within 72 haurs afte b CITY OR TOWN (If outside corporate limits, c. LENGTH DE STAY IN 16 (If outside corporate limits, write RURAL and give nearest town) c. CITY OR JOWN NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street oddress) IS RESIDENCE .⊑ d STREET ADDRESS ON A FARM RSING YES NO ⊅ NAME OF gan Middle DATE Month Year DECEASED OF DEATH (Type or print) IF UNDER I YEAR IF JNDER 24 HR S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years physician and come en please remove last birthday) Months Hours WIDOWED A DIVORCED and in any 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired INDUSTRY COUNTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, signed by the attending phy burial-transit permit. Then 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI Address +E (Yes, no, or unknown) (If yes give wor or dates of service cremation. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (a) 16), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o be retained by the haspital or attending physician. be detached far use as the burial-State Dept. af Health priar ta burial, Conditions, if ony, which gove rise to immediate couse (a). stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TO ATTENDING PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram director, page 3 shauld should be filed with the , and that death accurred at saw the deceased alive an 22a SIGNATURI 22b DATE SIGNED ATTENDING PHYS. M.D. 22d ADDRESS Page 4 may NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) 23a BURIAL CREMATION 230 2Sb REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR **FUNERAL DIRECTOR** VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09039 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09031 FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, il institution. Residence before admission) PLACE OF DEATH o COUNTY o. STATE b COUNTY Poge. b CITY OR TOWN (If outside corporate lamits.) c LENGTH OF STAY IN 16 c CITY OR TOWN (1 outside carporate imits, write RURA, and a ve nearest town) AKNOID -A NAME OF HOSP TAL OR INSTITUTION (finot in hospital a ve street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Office olong with form 301-HASKell. Road. in Item 18. Give Pages 3. NAME OF M-ddle DECEASED OF DEATH (Type or print) MOUR S SEX 7. MARRIED IF UNDER 1 YEAR NEVER MARRIED 9 AGE (In years lost birthdoy) WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Coast Guard Del. Draftsman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within Lillie Mae Davis. David L. Gilmour Sr. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dotes of service) 17 INFORMANT Md. event within 72 16. SOCIAL SECURITY NO. Address Mrs. Betty J. Gilmour, 301 Haskell Rd. Arnold, No. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c).) . ONSET AND DEATH PART I DEATH WAS CAUSED BY: acclide IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse 19 WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY CONTRIBUTING C CAUSE OF DEATH 20c TIME OF INSURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg, etc.) Not While at work 21 I certify that I took charge of the remans described above, held an Autopsy , Inspection , Inquiry and in my apinian Normal causes X Accident death resulted from Suicide Hamicide . Undetermined manner may be retained FUNERAL CALICT CHIEF MEDICAL EXAMINER eolth prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type Address (Street, city, town ar county) the 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. (State) REMOVAL (Specify) Chestertown, Md. Chester Cemetery. Kent. July, 21, 1967 Burial 250. REC D BY REGISTRAR 25b REGISTRAR'S SIGN VR A15ME (5 6M 1/67

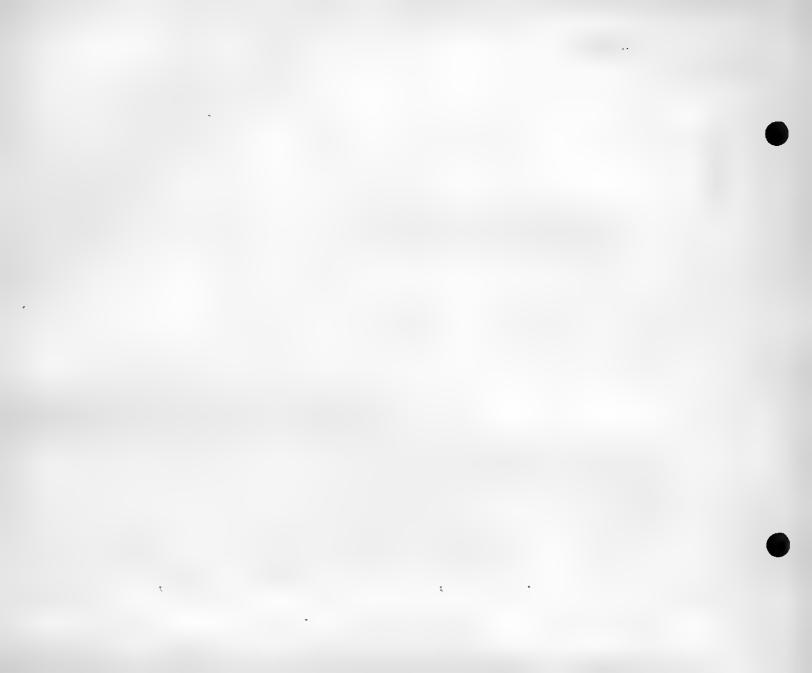


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institution, Residence before edmission) a. COUNTY b. COUNTY by the land 2 : death. Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN lif outside corporate I mits. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 write RURAL and give nearest town) rely filled in E yrs. Pages 1 a hours after o yrs. Glen Burnie Glen Burnie filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 115 Crain Highway S. E. 415 Crain Highway S. DATE Midd e DECEASED OF pap (Type or print) DEATH 19 Giunta Joseph 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS certificate be and last birthday) event, WIDOWED [DIVORCED the attending physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) ISA - Employed Italv Barber please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = Alphonse Giunta Rose Aversa Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yes, no, or unkown) [(If yes give war or dates of service) Mrs. Catherine P. Giunta. same as aftending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation. burial-transit Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause lest. the the hospital or DIRECTOR: After this certificate
2 should be detached for use as the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPS Y CERTIFICATION 0 PERFORMED? YES NOI prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20e. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY [Home, farm,] 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. al work at work 19.67, and that death occurred at 1.4M, from the causes and on the date stated above saw the deceased alive on.... 2 DATE 22e. SIGNATURE SIGNED DIRECTOR PHYS. HOSPITAL M.D. FUNERAL page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) TO FUNE director, p Main Ave. S. E., Glen Burnie, Md. 236. SURIAL, CREMATION, 236. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county July 1967 New Cathedral Cemetery Baltimore . Maryland Burial PECIO BY REGISTRAS ASS. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Verge VR A15 Kirkley Funeral Home, Glen Burnie . Maryland DATE 20M 5-63

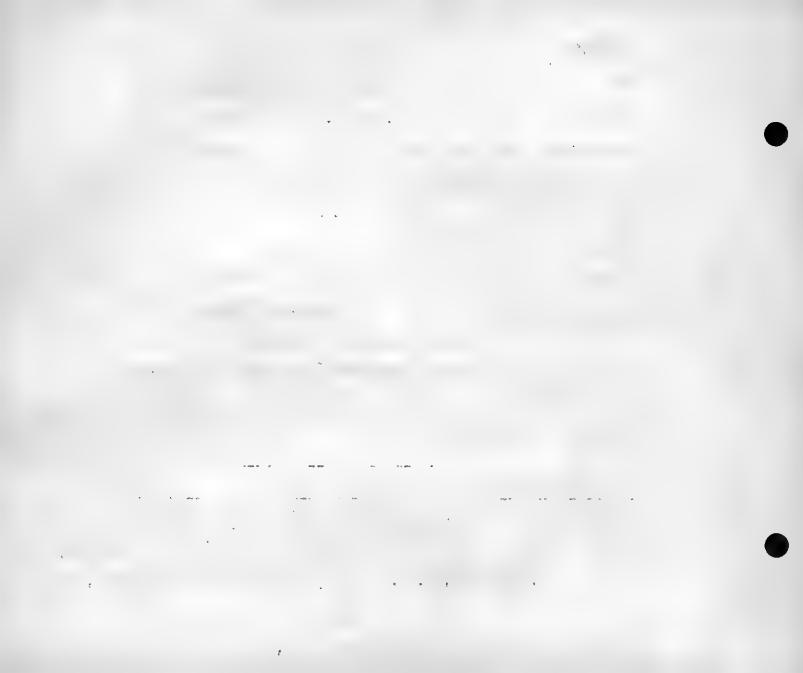


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09032 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) o. COUNTY o. STATE MARYLA ND b COUNTY ANNE ARUNDEL ANNE ARUNDEL MARYLAND requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outs de corporate limits, c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) E LENGTH OF STAY IN 16 rite RURAL and give pearest town) 9 DAYS FORT GEORGE G. MEADE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? KIMBROUGH ARMY HOSPITAL 1845-C PATTON DRIVE YES NO 🛣 3 NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED (Type or print) SUZANNE GRABILL ROCHELL JULY 12 DEATH 5 SEX IF JNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED + B. DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS lost birthdoy) Female White DIVORCED WIDOWED July 3, 1967 10o USUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** Anne Arundel, Md USA None 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, or remayal, Gilbert Grabill Freda Sue Napier 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (father) Address Ft Geo G Meade (Yes, no, or unknown) (If yes give wor or dotes of service) Gilbert Grabill, 1845-C Patton Drive Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit burial, cremati PART | DEATH WAS CAUSED BY ONSET AND DEATH Sepsis, generalized IMMEDIATE CAUSE (o) DUE TO Hemorhagic Pneumonitis predominantly left Conditions, if only, which gove rise to immediate couse (a), DUE TO storing the underlying couse has been lost 19. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIF CATION YES X NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING

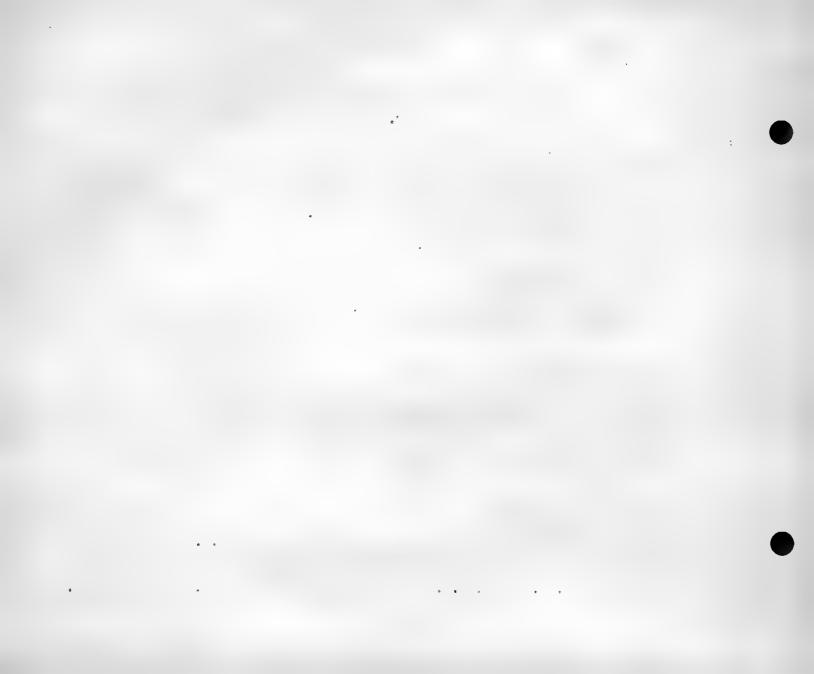
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20a INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or lown) (Stote) (County) MED factory street office bldg , etc.) Not While of work TO FUNERAL DIRECTOR: After 19 67 to 12 July 19 67 that (M (we) last 21 I certify that (this haspital) attended the deceased from 3 July director, page 3 should should be filed with the sow the deceased alive on 12 July 19 67, and that death accurred at 9 a. M, from couses and on the date stated obove 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** 12 July 1967 MD DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) FRED M. NOMURA, MAJ, MC KIMBROUGH ARMY HOSP FT GEO G MEADE MD BUR AL, CREMATION. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) KIRINEL 250 REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATI 24 FUNERAL DIRECTOR VR A15 [4] 25M 1/67

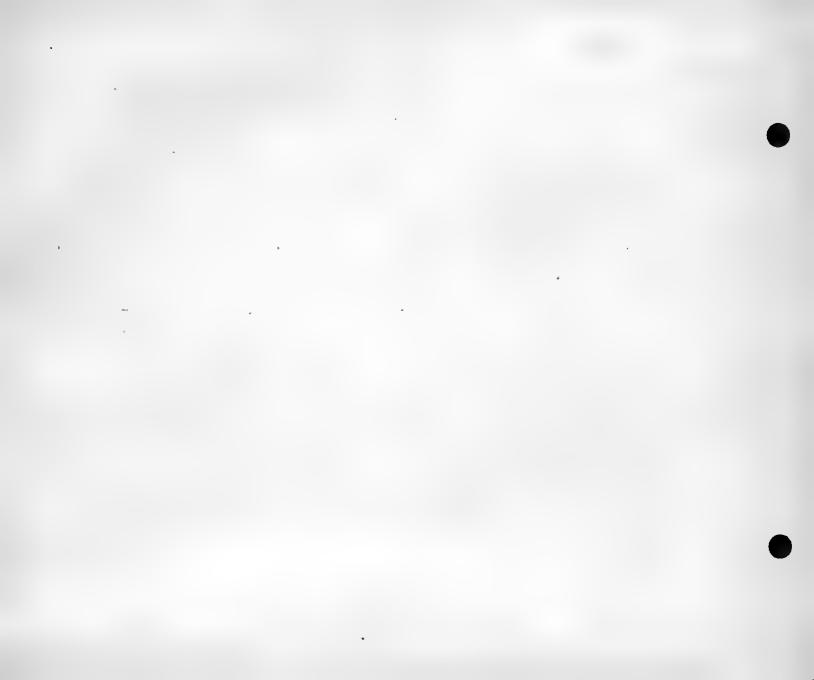


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09031 09034 CERTIFICATE OF DEATH deatha PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased used, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY papers. Poges 1 in 72 hours after a Unknown Anne Arundel MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate i mits, write RURAL and give nearest town) Crownsville .vrs. 2 mos Unknown d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) ,⊆ e IS RESIDENCE d STREET ADDRESS filled within Crownsville State Hospital YES NO Unknows NAME OF Middle carbon Lost 4. DATE Day Year completely DECEASED OF DEATH Type or print#16353 Clarence Grant 2 67 19 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS IF UNDER 1 YEAR NEVER MARRIED remover fost birthday) Months Hauts Dovs Male Negro WIDOWED DIVORCED puo 10a. USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13 HARRING 14 MOTHER'S MAIDEN NAME remayal, Unknown Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 17' INFORMANT 16 SOCIAL SECURITY NO Address (Yes, na, or unknown) (If yes give wor or dotes of service) -Hospital Recorde None Hinkmown cremation, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burnal-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Cardio Respiratory Failure DUE TO Conditions, if any, which gave (b) Marked Anemia and IlectrolyTe Imbalance rise to immediate couse (o), DUE TO stoting the underlying couse by the hospital or ottending 4 19 WAS AUTOPSY PERFORMED? has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed for use of Health r Deficiency Hemipleoia: Mental NO De this certificate 20o ACC DENT WAS UNDERLY NG [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MED CALEXAMINER) detached MEDICAL 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om While foctory street, office bldg, etc.) at wark 21. I certify that (I) (this haspital) attended the deceased from 4/29/ , 19.53 . to 16.2., that (1) (we) last be retoined 7/2/ 1967, and that death occurred at 3:15 M, from causes and an the date stated above IO FUNERAL DIRECTOR: sow the deceased alive on 22o SIGNATURE 22b DATE SIGNED STAFF X 7/3/67 MD DIRECTOR filed director, poge should be filed 22c PHYSICIAN S Benedict, M. D. Crownsville State Hospital, Maryland NAME (Type) 230 BURIAL, CREMATION 235 DATE THEREOF REMOVAL (Specify) Sun a 25b REGISTRAR'S SIGNATURE 24. FUNERA, DIRECTOR ADDRESS 250 REC'D BY REGISTRAR VR A15 (4) 25M 1/67 1000 Brantley Ave. Balthmore Md pare

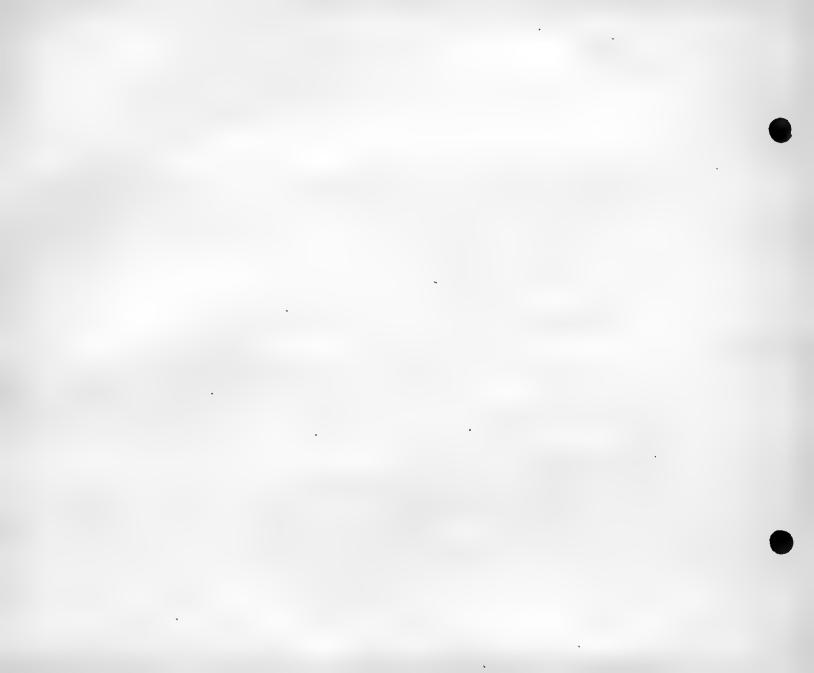


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212010 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate units, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis I hr. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? Anne Arundel General Hospital NO 🗷 YES 🗌 NAME OF Middle First Lost 4 DATE Month Doy Year DECEASED DI DEATH 67 HALLOCK July Joseph 19 (Type or print) COP AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8. DATE OF B RTH IF UNDER 1 YEAR 7 MARR:ED NEVER MARRIED remaye birthdoy) Months Doys Hours White Aug. 1, 1896 Male WIDOWED DIVORCED by the attending physician and ransit permit. Then please rem 100 LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Water mou 13. FATHER'S NAME 14. MOTHER'S/MAIDEN NAME ar remayal, INFORMANT SOCIAL SECURITY NO (If yes give war or dotes of service signed by the after burial-transit perm burial, cremation, a CAUSE OF DEATH (Enter only one couse per time for id) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been d for use as the of Health priar ta last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO XX by the haspital or 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20r TIME OF INJURY Month, Doy, Year Hour o.m foctory, street, office bldg . etc.). Not While ATTENDING at work to July 14 21. I certify that (I) (this provided attended the deceased fram. __, 19<u>67</u>, that (1) **(sand** last be retained director, page 3 shauld shauld be filed with the saw the deceased alive on July 14. 19 67, and that death accurred at M, fram causes and an the date stated above 22b. DATE SIGNED 22a SIGNATURE M.D DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S Poge 4 may NAME (Type) Allen. M.D 62 Cathedral Annapolis. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town (County) (Stote) 23o. BURIAL CREMATION 230 REMOVAL (Specify) 2So. REC'D BY REGISTRAR **FUNERAL DIRECTOR** VR A15 (4) 20 M 1/66



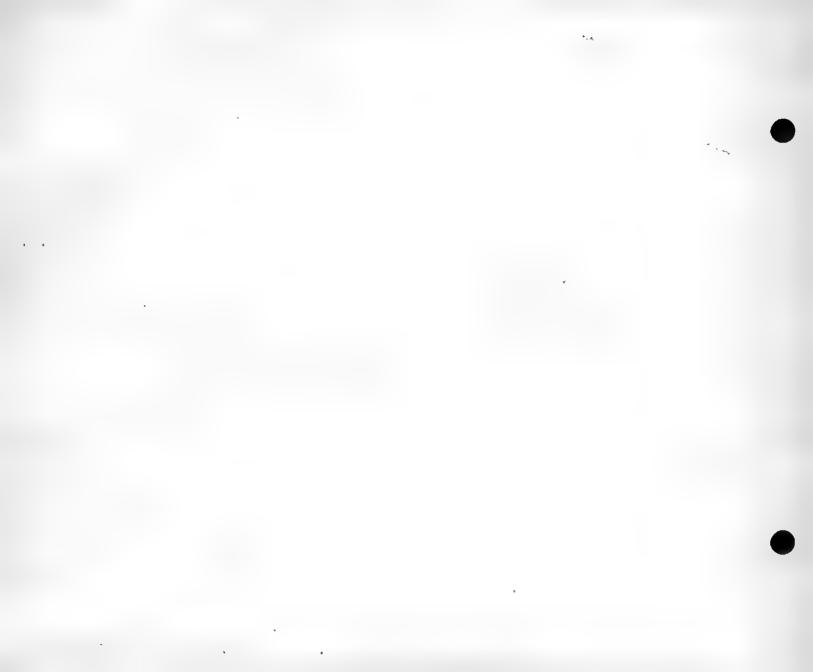


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09037 requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. STATE Maryland a. COUNTY Arundel b. COUNTY Anne Arundel MARYLAND b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Millersville Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC ON A FARM? North Arundel Hospital 350 Oakwood Road NO I YES Middle 4. DATE NAME OF Last Month Day DECEASED Marie Hefferman July 1967 Anne (Type or print) DEATH IF UNDER 24 HRS. S SEX 8 DATE OF BIRTH AGE (In years IF UNDER I YEAR 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months White WIDOWED TY DIVORCED 2-25-90 Female 10a USUAL OCCUPATION (Give kind of work done during moor of working life, even settled) 10b KIND OF BUSINESS DE 12. CITIZEN OF WHA 11. BIRTHPLACE (County & State, or jareign country) 13. (FATHER'S NAME) 14 MOTHER'S MA-DEN NAME ar remayal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) (If yes give war ar dates af service) 17. INFORMANT SOCIAL SECURITY NO burial-transit permi burial, crematian, a 15-09-7689 NTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line fasta) (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO signed [Conditions, if any, which gove rise to immediate cause (a). DUF TO storing the underlying cause as the has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO FUNERAL DIRECTOR: After this certificate ģ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II af item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or tawn) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Haur o.m. factory, street, office bldg, etc.) Nat While at work at wark 21 I certify that (I) (this haspital) ottended the deceased fram_ , 19 / 4, to Ve 184 27, 1967, that (I) (we) last saw the deceased alive an Sulley 27 19 67, and that death occurred at 32 M. Ham causes and on the date stated above. 22b. DATE SIGNED 22a, SIGNATURE ATTENDING DIRECTOR director, page 3 should be filed v M.D. PHYS 22d ADDRESS A/ 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION. DATE THEREOF REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY KGGISTRAR UNERAL DIRECTOR VR A15 (4) 20 M 1/66 196

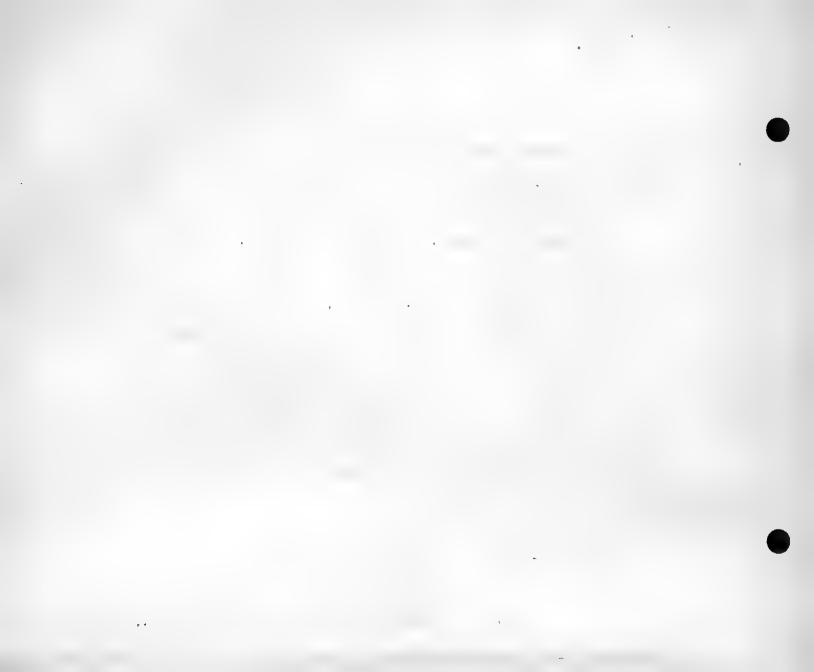


1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	09038 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09037
HEALTH DEPT.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission)
ay is 3 to Page	O COUNTY Anne Arundel MARY, AND O. STATE Maryland b. COUNTY Anne Arundel
	b CTY OR TOWN (if outside corporate limits, is a LENGTH OF STAY IN 16 is CTY OR TOWN (if outside corporate in its, write RURAL and give nearest town)
2, and 3 to PM3. Page partment of ofter death	Annapolis Annapolis
	d NAME OF HOSPITA. OR INSTITUTION (If not in hospito,, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM?
- 8 to 16 S	Anne Arundel General Hospital 912 Windsor Avenue YES NO X
교 등 전 · · · · · · · · · · · · · · · · · ·	3 NAME OF Frst Middle Lost 4 DATE Month Day Year DECEASED Tillian France of Floridate OF Tables 19
r de g w g w	(Type or print) LIIIIAN Frances Rendricks DEATH JULY 10 19 07
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF ADER 24 HRS. Female White WIDOWED DIVORCED October 16,1892 74 yrs
24 hours In Item 1 r's Office ss 1and 2 ny event	100 US_AL OCC_PATION (G ve kind of work done during most of working life, even if retired) HOUSEWILE 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) NDUSTRY Home Maryland 12 CITIZEN OF WHAT COUNTRY? U.S.
h n 24 ncil n niner's pages in any	during most to working me, separt retired) 13 FATHER S NAME 14 MOTHER S MAIDEN NAME
d with n in pencil Exomine File pag and in c	
d wil	John W. Ford Annie Bull 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC A. SECURITY NO. 17 INFORMANT Address
	(Yes, no, or Jinknown) (If yes give war or dates of service) No Hospital //EcorDS
be execute "pending" nef Medica nns't permit	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN
thef	IMMEDIATE CAUSE (a) Careleland Section of Believery Verilonies -
should be e ne ward "per o the Chief ! burral-trans!	Cond tons, if any, which gove) (b) Person less lesser - Problems of these
she v ar through the v arthrough the v arthrough the mat	Cond t ons, if any, which gave rise to immediate couse (a), DUE TO
ircate ing th ded t ded t os a l, cre	stoting the underlying cause (c) Beautiful Bea
certifice writing arworde used as burial, c	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o)
MINER: This certificate should the certificate, writing the ward 4 should be farworded to the CP in files. e 3 should be used as a burial-tragent, prior to burial, cremation,	PERFORMED YES NO PRIMARY ID-CONTRIBUTING TO EXTERNAL CAME WAS PRIMARY ID-CONTRIBUTING TO CAUSE OF DEATH TO CAUSE OF D
This ficate be f be f d be or to	200 EXTERNAL CAMEE WAS 206 DESCR BE HOW INJURY OCCURRED (Enter agrure of injury in Port I or Port I of item 18.)
INER: Te certific should b files. 3 should mt, prior	CAUSE OF DEATH
	20c T ME OF INJURY Month Day, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form land of the control of th
KAA te ff fe 4 rour age oge	pm of work of work
se execute the certi set execute the certi stor. Poge 4 should ned for your files. IECTOR: Page 3 should ssignoted ogent, pri	21 I certify that I taak charge of the remains described abave held an Autopsy , Inspection , Inquiry and in my opinio
ed to the sign of	death resulted frame. Natural causes . Accident . Suicide ., Homicide ., Undetermined manner .
MEDIA please directro cetoine DIREC is design	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED
AR I	SIGNATURE SIGNATURE M.D ASSISTANT MEDICAL EXAMINER L DEPUTY MEDICAL EXAMINER L July 18,1967
necessory, please execute the certificate, the funeral director. Poge 4 should be five from be retained for your files. From your files. From Files and for files. From Files and for files and files and files are files.	Examiner's NAME (Type) Elmer G. Linhardt Address (Street, city, town, or county)
mo FUI	230 BUR AL CREMATION. 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote)
5 = 2 5 E	REMOVAL (Specify) Burial July 21, 1967 Cedar Bluff Com Annapolis Maryland
1	24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REG STRAR 256 REC'D BY REG STRAR S. SIGNATURE
VR A15ME (5)	John M. Towlon & Sons Annapolis, Md. Judill 21 1967 Thomas Judge

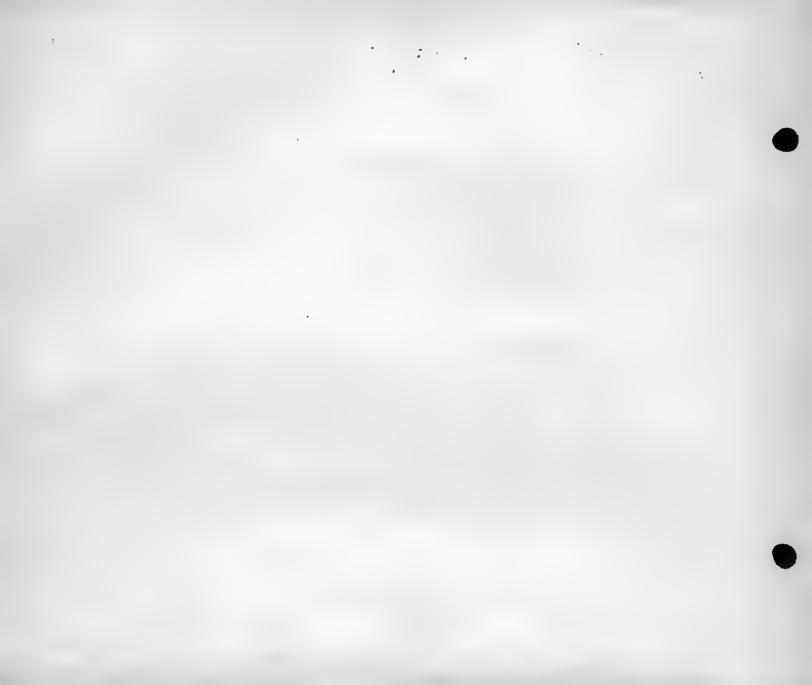
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09633 09039 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, funstitution, Residence before gam ssion) o. COUNTY n. STATE b. COUNTY P.M.3. Page MARY, AND b CITY OR "OWN (If outside corporate in ts, CLENGTH OF STAY IN 16 c CIY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR ASTITUTION (If not in hospital, give street aggress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 04 RL175-BOX 419 19-O.A- NORTH. ARUNDIEL - HOSP NO PK hours ofter death NAME OF Midd e 4 DATE DECEASED 19 6 7 (Type or print) DEATH IE UNDER 1 YEAR IF ... NDFR 24 HRS S SEX 9 AGE (In years 6. COLOR OR RACE 7 MARR FD NEVER MARRIED birthdoy) WIDOWED X DIVORCED within 72 haurs ofter death be certificate, writing the word "pending" in pencil in Item 1 should be forworded to the Chief Medical Examiner's Office 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT Univ. of Maryland Orange Co., Virginia be executed within 24 "pending" in pencil in 1 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Deffmeyer Mary Elivabeth Peacher 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war ar dates of service) 217-01-1298 Mrs. Beatrice Redmiles, Laurel, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH event PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o) DUE TO any Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse PART II. OTHER SIGN FICANT CONDITIONS CONTR.B., T.NG. TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? or removol, NO X 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremation, 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d NacRY OCCURRED (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While of work Inspection . Inquiry 21 I certify that I toak charge of the remains described above, he d an Autopsy ... and n my apinian Accident . death resul Natural causes Surcide . Hamicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTIVAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER DEPUTY MED CAL EXAM NER Address (Street city town, or county) NAME Type! 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23g LOCAT ON (City or Town) July 4, 1967 Good Shepherd Coemtery, Heward Ce. Maryland 250 RECD BY REG STRAR VR A15ME



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 09040 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside_corporate limits, write RURAL and give nearest town) RURAL and give neatest lown) urhic d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 11 22 YES [NO TO 70 .⊆ 6 NAME OF 4. DATE First Middle Lost Month Day Year filled DECEASED DEATH Polles (Type or print) 196 INUNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years completely lost birthdoy) Months Days Hours DIVORCED [7] WIDOWED [7] å 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1.0.0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. 207 LunardPd INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 40 me IMMEDIATE CAUSE to **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoling the underlying couse last. WAS AUTOPSY CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19-PERFORMED? YES NO 🗷 CERTIF 20a. ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour o.m. While Not while of work ot work p. m 19.6.7. that (1) (we) last 2). I certify that (1) (this haspital) attended the deceased fram , and that death accurred at 22M, from the causes and an the date stated above. saw the deceased alive an DIRECTOR 22a SIGNATURE 22b DATE ATTENDING ے ماسہ M.D. PHYS DIRECTOR [22c PHYSICIAN'S 22d. ADDRESS D NAME (Type) FUNERAL (23g BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY page the 5k REMOVAL (Specify) CUCMANON 0 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/59

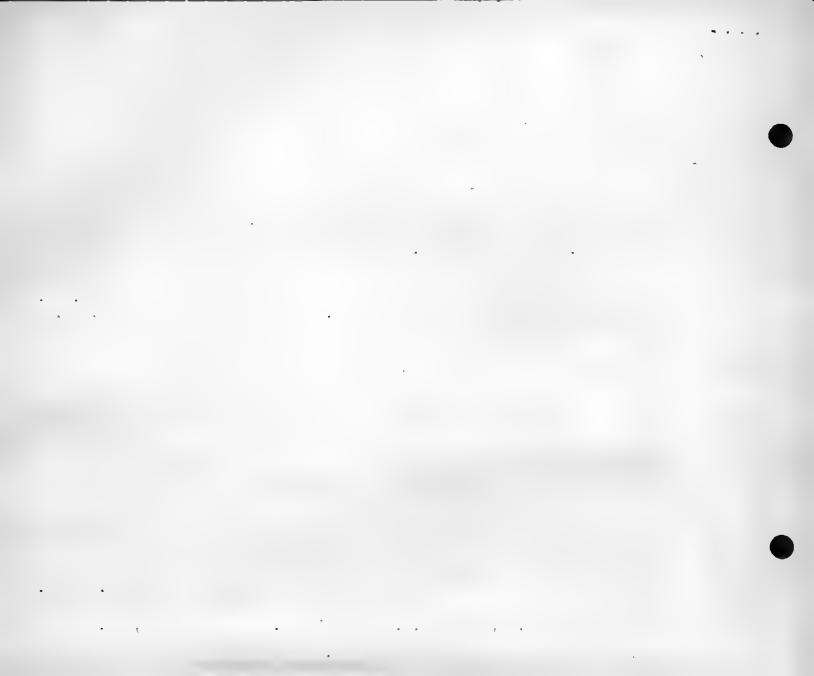


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09043 09041 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (if outside corporate amits, write RURAL and give nearest tawn)
Annapolis c LENGTH OF STAY IN 16 r CITY OR TOWN (If outside corparate limits, write RURAL and give neatest town) Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e IS RESIDENCE ON A FARM? .⊆ d. STREET ADDRESS filled Anne Arunder General Hospital 179 Green St. YES NOX X NAME OF Middle 4. DATE First Year kampletely DECEASED HOLLIDAY, Benjamin John (Type or print) DEATH or removol, and in any event, SEX 6 COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH remove 67 vrs Months White WIDOWED DIVORCED Jan. 15, 1900 Male ond 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPEACE (County & State, or foreign country) 12 CITIZEN OF WHAT Maryland 13 FATHER'S NAME BOCIAL SECURITY NO INFORMAN] 3 MANOOR HUE, (Yes, no, or unknown) (If yes give wor or dotes of service BALTO. MD. INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line /gr PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) à DUE TO burial. Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO for use as the little Health prior to b stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YESYFY NO 20 a. ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Stote) (City or town) (County) Hour om factory, street, office bldg, etc.) Not Whate of work L 1967, to July 5, 21. I certify that (i) this hours attended the deceased fram. 19_67 that (I) (bess) las and that death accurred at TO FUNERAL DIRECTOR: 19.67. M, from causes and on the date stated abave saw the deceased alive an ... In Tw 220 SIGNATURE 22b DATE SIGNED STAFF DIRECTOR PHYS , poge be filed PHYSICIAN S TO HOSPITAL MAME (Type) Richard I. Hochman, M.D. 16 Murray Annapolis. director, BURIAL CREMATION OF CEMETERY OR CREMATORY



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09042 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND ANNE ARUNDEL ANNE ARUNDET b. CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) RURAL-GLEN BURNIE 27 DAYS RURAL-PASADENA B IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS YES NO TY BOX 166 POWHATTEN NORTH ARUNDEL HOSPITAL 3 NAME OF Middle Lost DATE physician and campletaty in please remaye carbon and in any events with DECEASED Howard (Type or print) JAWORSK: DEATH ROLAND SEX 9. AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Doys DIVORCED WIDOWED FEBRUARY 28, 1896 MALE WHITTE TOO USUAL OCCUPATION (Give kind of work done IDE KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) Balt. City COUNTRY? during most of working ite, even if retired)

Buto Mech. (ret MARYLAND TISA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME **UNKNOWN** Ludwia Jaworski 632 Mit Annap. Rd. NE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (H yes give war or dates of service) Mr. Paul Jaworski Glen Burnie. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate cause (a), DUF TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been detached far use as the re Dept. af Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter inglure of injury in Port 1 or (Part 11 of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) (City or town) (County) 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While of work at work 21. I certify that (1) (this haspital) attended the deceased fram. , 19/22, that (I) (we) last M, from causes and an the date stated above 19/17, and that death accurred at saw the deceased alive an... 22b. DATE SIGNED 22o, SIGNATURE STAFF PHYS. MED. DIRECTOR July 31, 1967 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 1101 Patapsco Ave, Balto. 25 Md. NAME (Type) HENRY SUMMERS directar, shauld i 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23a BURIAL, CREMATION, REMOVAL (Specify) Аца. 3,1967 Baltimore, Md. U.S. National Cem. REC'D BY REGISTRAR AUG 2 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 GLEN BURNIE, MD. R.V. SINGLETON



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09042 09043 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY b COUNTY MARY, AND b CTY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 1h (CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3 Fem Beckereck d NAME OF HOSPITAL OR NSTITUT ON (If not in hospito give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? form RL2-Bal 876 word "pending" in penct in Item 18. Give Poges the Chief Medical Exominer's Office along with form YES NO 157 This certificate should be executed within 24 hours after death NAME OF 4 DATE Month Dov Year DECEASED OF DEATH 40WAKO (Type or print) S SEX 9 AGE (n years 7 MARRIED NEVER MARRIED 18/10 burthdoy) Months n olly event within 72 hours efter death. 11-30-48 WIDOWED 1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY ? Aliminum Worker Annapolis. Maryland TISA 13. FATHER S NAME 14 MOTHER'S MA DEN NAME Dorothy K. Witter Claude Johnson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service 217-46-4288 T. Claude Johnson, same as 2 INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (a) (p) and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' e, writing the word forwarded to the Ch reducer DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse "Emovol, 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) NO P 2Do EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in any in Port I or Port I of tem 1B.) 3 should burrol, cremat an, or lunned onese, EAL EXAMINER: 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 2Dc T.ME OF INJURY Month, Day, Year (City or town) (State) While of work Not While of work factory, sifeet, office bldg., etc.) FUNERAL DIRECTOR: Poge 19 67 Hudren 21 I certify that I took charge of the remains described above he'd an Autapsy and in my opinion Inspection Inquiry death resulted from Natural Louses Acident X Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER' Address (Street, city, town, or county) NAME (Type) the 1 23d LOCATION (City or own) 230 BUR A CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial Meadowridge Memorial Elkridge Maryland IRAR 255 REGSTRAR : GNATURE 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 Kir ley Tuncral Home, Glen Burnie . Md.

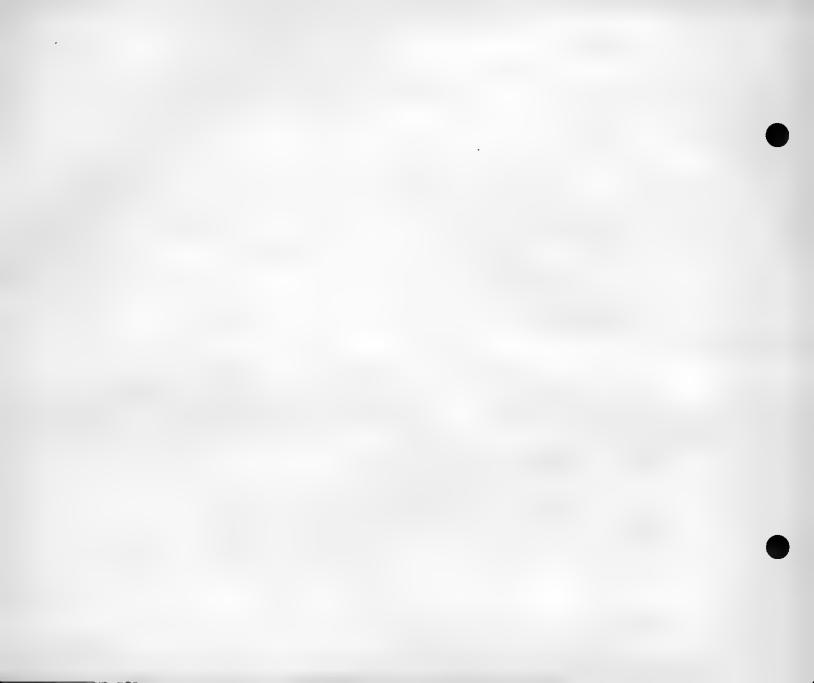


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09844 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived of institution Residence before admission) o. STATE a. COUNTY b. COUNTY with the Stote Department of MARYLAND b CITY OR TOWN [f autside carparate mits, c .ENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) d MAME OF HOSPITAL OR INST TUTION (If not in haspital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? ecute the certificote, writing the word "pending" in pencl in Item 18. Give Poges 1, " Poge 4 shou'd be farworded to the Chief Medical Exominer's Office along with farm 3021-NORIH. ARUNDIEL 24 hours after death NAME OF Middle DECEASED OF 19 6 (Type or print) DEATH S SEX 7 MARRIED AGE (In years last birthday) Manths Days WIDOWED and 2 10g LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of working life even if retired) COUNTRY? Baltimore, Maryland of 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within any event within 72 hours Johnson Elsie James A buriol-tronsit permit. F. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) [If yes give war ar dates of service] Johnson 3021 Lylton Rd Mr James no 110 1B. CAUSE OF DEATH (Enter only one couse per line for (a) pond (c).)
PART I. DEATH WAS CAUSED BY. INTERWAL BETWEEN ONS! AND DEATH IMMEDIATE CAUSE (a) please execute the certificate, writing the word This certificate should DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DIJE TO stating the underlying cause or removal, and lost 3 should be used 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIF, CATION NO X 200. EXTERNAL FAUSE WAS (Enter nature of njury in Part I or Part II of item 18.) PRIMARY PAGE CONTRIBUTING CAUSE OF DEATH cremotion, 20c. T.ME OF INJURY Month, Day, Year 20f (City or fown) (County) (State) While Not While factory, street, office bldg., etc. 5 may be retained for your O FUNERAL DIRECTOR: Page NO of work at work 21 | certify that I took charge of the remains described above, held an Autapsy Inquity . Inspection 🔀 and in my opinion prior to burial, Suicide Undetermined monner depth resulted & Notural couses Accident Homicide the funeral director CHIEF MEDICAL EXAM NER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAM NER **EXAMINER'S** Heolth Address (Street, city town or county) NAME (Type) OCATION (City of Town) Md 23a. BUR AL CREMATION (County) Auburn Cenetry 25b REGISTRAR S S GNATURE 24 FUNERAL DIRECTOR 1206 W North REC'D BY REGISTRAR ADOLPHUS HALSTEAD VR A 15ME (5) 6M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09045 09046 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased eved, if institution Residence before admission) a. COUNTY a STATE b. COUNTY MARYLAND Pages write RURAL and give neglest town) CITY OR TOWN (If autside carparate limits, filled in by the popers. Pages c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give styeet address) e IS RESIDENCE ON A FARM? d STREET ADDRESS filled i YES NO NAME OF corbon Middle DATE Day Year completely DECEASED OF DEATH (Type or print) 196 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) Manths Days Haurs WIDOWED 🖂 DIVORCED 49.20 crematian, or removal, and in any puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR VI BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during mast of yarking life even if retired) INDUSTRY YOU SEL 13. FATHER S NAME ottending phys permit. Then F herine WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMAN (Yes, na, ar proknown) (If yes give war or dates af service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-tronsit p buriol, cremati PART I. DEATH WAS CAUSED BY. Knionluotre conditionateular IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 moy be retained by the hospital or attending physicion. DUE TO Canditions, if any, which gave) (b) rise to immediate couse (a), DUE TO stating the underlying cause detached far use as the te Dept, of Health prior to (c) 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Da 20g ACCIDENT WAS JNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (State) TO FUNERAL DIRECTOR: After this Haur To.m. Nat While factory, street, affice bldg., etc.) of work at work 21. I certify that (1) (this haspital) attended the deceased fram 19.62, that (f) (we) last director, page 3 should should be filed with the 1967 , and that depth accurred saw the deceased alive an_ fram couses and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN: NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY ADCATION (City or Jown) BURIAL, CREMATION, 23b DATE THEREOF (Caunty) 2Sb REGISTRAR'S SIGNATURE FUNTERAL DIRECTO 250. REC D BY REGISTRAR **ADDRESS** VR A15 (4) 25M 1/67 196

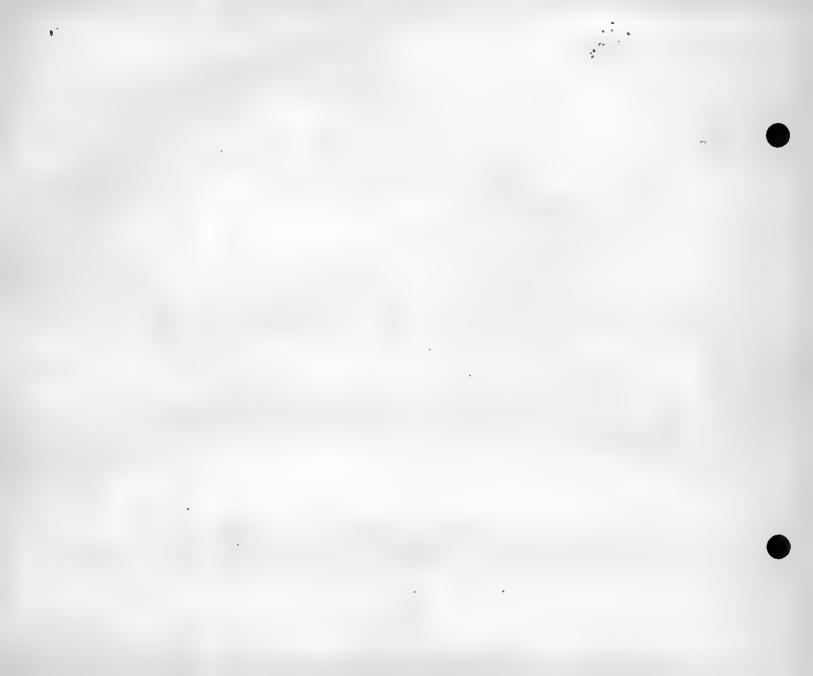


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours (Rural) Annapolis (Rural) Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ,5 e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Box 174-Rt. 2 Tydings on the Bay Anne Arundel General Hospital NO 3 executed within 3. NAME OF DATE Month DECEASED 1967. and comple remove car any event, CAROLYN B. KNOEDLER (Type or print) DEATH Julv AGE (In years | FUNDER) YEAR | FUNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH 9. NEVER MARRIED Female White July 3, 1881. DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

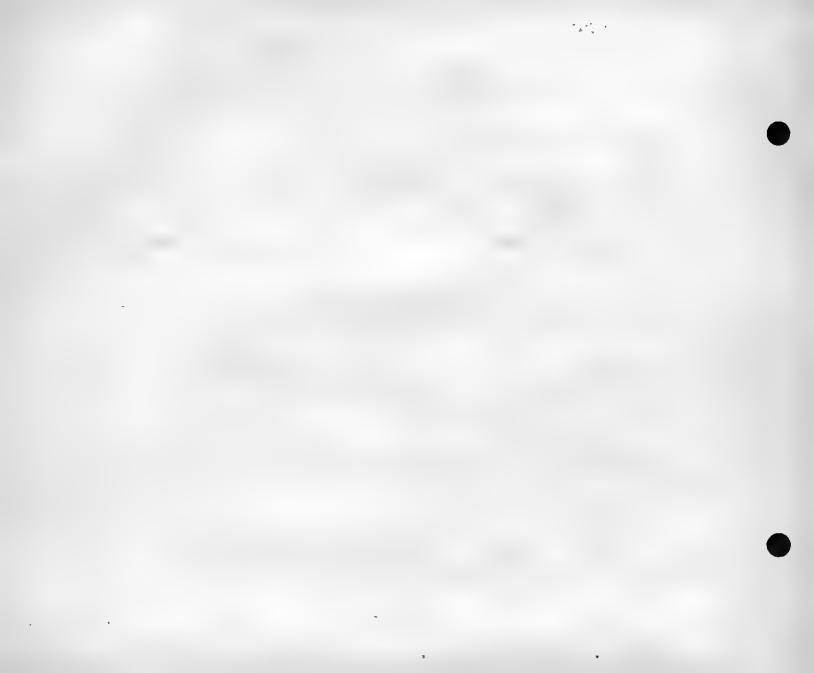
Housewife 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT death certificate be USA Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending pharmar. Then proceedings of the procedure of the proc or removal Jennie Campbell William A. Gentry 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes pive war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. Mr. Elmer L. Knoedler (Same) 220-44-2145 No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN; The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the TO HOSPITAL OR ATTENDING PHYSICIAN: The law re-Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has be director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior is underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO 5 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part || of Item 18.) MEDICAL 20e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 62 7 M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE ATTENDING PHYS. STAFF DIRECTOR PHYS. M.D. PHYSICIAN'S ADDRESS 22d. NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Ridgewood, New Jersey. Geo. Washington Mem. Park /67. Burial REC'PLEY REGISTRAS 24. FUNERAL DIRECTOR ADDRESS 25a. Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15 (4) DATE 15M 4-64

L·f.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09047 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o. COUNTY o. STATE Maryland b COUNTY Anne Arundel Anne Arundel requires that the death certificate be executed within 24 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCI ON A FARM? Anne Arundel General Hospital 19 Revell Street YES NO TX NAME OF DECEASED First Middle 4. DATE Month Doy Year pg Ella Caroline and in any event, Type or print) DEATH July 1967 5. SEX 6 COLOR OR RACE AGF (In years IF JNDER 1 YEAR F UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH remove lost bethooy) Months Dovs Haurs Female White WIDOWED DIVORCED January 1, 1879 1Do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? ME Sweden 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, ar remaval, attending phys JOHNSON 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or #nknown) (If yes give wor or dotes of service) TB. CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEET PART I DEATH WAS CAUSED BY ONSET AND DEATH -transit signed by 1 burnal-trans IMMEDIATE CAUSE (o) 443X DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse Dept. af Health priar to has been lost os o PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO X certificate 200 ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or town) (County) (Stote) Not While Hour o.m. foctory, street, office bldg .etc). O FUNERAL DIRECTOR: After of work 21. I certify that (i) (stais-hespital) attended the deceased from 1967, that (1) (wit) last 1962, and that death occurred at M, from couses and on the date stated above. saw the deceased alive an 6+00 AM 220. SIONATUR **ATTENDING** director, page 3 shauld be filed v DIRECTOR M.D. PHYS PHYS 22d ADDRESS 22c PHYS CIAN'S NAME (Type) Franklin Street, Annapolis, Edward Beck. 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) LOUDON 250 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE

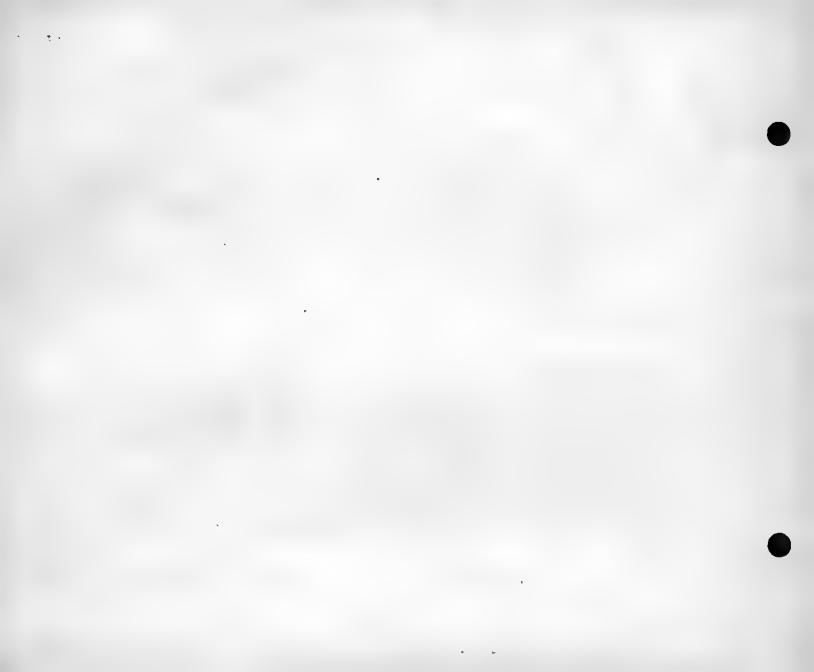


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69648 09043 CERTIFICATE OF DEATH papers Poges I and A PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o COUNTY o. STATE MARYLAND b CITY OR TOWN (If outside corparate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) Ξ IS RESIDENCE within 72 ON A FARM? NO X YES NAME OF DATE remove torban Year completely DECEASED OF 1.Se (Type or pant) DEATH 196 IF UNDER 24 HRS SEX 9 AGE (n years IF UNDER 1 YEAR 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last b rthdoy) Months Days Hours WIDOWED DIVORCED pup 10% USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT ottending physicion operation of the please during most of warking life, even if retired) INDUSTRY COUNTRY? and clou MOTHER'S MAIDEN NAME 13 FATHER'S NAMI burial, cremotion, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service INTERVAL BETWEEN signed by the c burial-tronsit p CAUSE OF DEATH (Enter only one cause per line (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. DUE TO Canditions, if any, which gave (b) use to immediate cause (a), DUE TO stating the underlying cause os been os the prior to last WAS AUTOPS) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) certificate hos CERTIFICATION be detoched for use Stote Dept. of Health NO 200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (State) 20c TIME OF INJURY Month Dov. Year (County) Haur am Nat While foctory, street office bldg etc.) of work of work 21 I certify that (1) (this haspital) attended the deceased fram and that death accurred at from causes and an the date stated above **DIRECTOR**: saw the deceased alive an 220. SIGNATURE 22b DATE SIGNED ATTENDING STAFF director, poge 3 should be filed v M.D PHYS DIRECTOR PHYS 22dL 22c PHYSICIAN'S O FUNERAL NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIA, CREMATION DATE THEREO! (County) REMOYAL (Specify) FUNERAL DIRECTOR REC'D BY REGISTRAR 25b REGISTRAF VR A15 (4) 25M 1/67 DATE JUL Weber & Sons Inc. 401 S Chester



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09049 09050 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY **b.** COUNTY ANNE ARUNDEL PRINCE GEORGES MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) 8 Hours popers Pa LAUREL d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? KIMBROUGH ARMY HOSPITAL 8100 OGRMAN AVENUE NO NAME OF Middle 4. DATE remove carbon Lost Day Year DECEASED OF DEATH JESSIE M. LACHER JULY 26 19 67 (Type or print) IF UNDER 24 HRS S SEX 8 DATE OF BIRTH F UNDER 6 COLOR OR RACE 7 MARRIED XXX NEVER MARRIED 1 mr britiday) 9. AGE (In years Days Haurs Female White July 1922 wno ni bno WIDOWED DIVORCED puo 11 BIRTHPLACE (County & State, or fareign country) 10a USUA, OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12 CIT ZEN OF WHAT physicion a nen please duting mast all warking life, even if retired)
Clerk INDUSTRY Waynesboro.Tennessee .S.Govit 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremation, or removal, attending physoermit. Then p Alfred Strutts Ella Pope 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give wor, or dates of service 412-20-7053 Joe A.Lacher, Same as item #2 No INTERVAL BETWEEN ONSEL AND DEATH O HOURS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I. DEATH WAS CAUSED BY

Mycoca wold a 1 **burial-transit** Myocardial Infarction, Acute IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. 4201 DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause last. WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES IC NO 2Da ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c T.ME OF NJURY Manth, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, form, (City or tawn) (County) (Stote) Hour am factory, street, office bldg , etc.) ATTENDING TO FUNERAL DIRECTOR: After at work 2]. I certify that the haspital) attended the deceased from July 26 0, 1967, to July 26 1967, that \$49 (we) last director, page 3 should should be filed with the 19 67, and that death accurred at 7 P. M. fram causes and an the date stated above saw the deceased alive an July 26 22a SIGNATURE 226. DATE SIGNED STAFF **ATTENDING** July 26,1967 DIRECTOR M.D 22c PHYSICIAN'S 22d ADDRESS .RAMIREZ, CPT, MC KIMBROUGH ARMY HOSP, FT GEO G MEADE, MD NAME (Type) JORGE 230 BURIAL CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Specify) REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09058 CERTIFICATE OF DEATH 09051 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. ond PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased hived if institution Residence before admission) o. COUNTY a STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital Rt. 1, Box 583 YES NO D NAME OF 4 DATE Lost Month Year DECEASED (Type or print) Maurice MAYHEW 16 John DEATH July 19 ease remaye car and in any event IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) Manths Days Haurs WIDOWED DIVORCED White January 6,1904 Male gud 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of warking life, even if retired)

ret. plumber **COUNTRY?** attending physician sermit. Then please Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Margaret (last name unknown) Augustus mayhew IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO 717 Sweet Drive (Yes, no, ar unknown) (If yes give war or dates of service Francis R. Mayhew Ammapelis, Md. 7-16-5738 TB CAUSE OF DEATH (Enter only one couse per one for (b), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), **DUF TO** stating the underlying couse director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1662 WAS AUTOPSY PERFORMED* YES Z 20a ACCIDENT WAS INDERLYING 206 DESCRIBE HOW MARRY OCCURRED Knier nature of minury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) factory, street, affice bldg, etc.) Hour c.m. Nat While at work at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from 1962 that (!) (we) last saw the deceased alive on. 1907, and that death accurred M. from causes and an the date stated above SIGNATURE 22b DATE SIGNED **ATTENDING** STAFF PHYS. M.D DIRECTOR 22d. ADDRESS NAME (Type) Franklin St. Annapolis Edward 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION (City or Town) 23a BURIAL CREMATION 23b. DATE THEREOF (State) Eurial (Specify) July 19,1967 Annauolis REC'D BY REGISTRAR 24 HOUSEPAR DIRECTOR "opping annapolis.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 18 b Film CERTIFICATE 09052 OF DEATH G 301 8/4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY a. STATE b COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN Af autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
GLEN BUR d. NAME OF HOSPITAL OR INSTITUTION (If not n_hospital, give street address) .= d. STREET ADDR e. IS RESIDENC ON A FARMS hin 72 YES NAME OF DATE DECEASED OF DEATH (Type or pnnt) S SEX 6 COLOR OR RACE 9. AGE (n years IF UNDER 1 YEAR IF UNDER WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY ? during most of working life even if retired) A.Co 13. FATHER S NAME 14. MOTHER'S MAIDEN or remayal ON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT T6. SOCIAL SECURITY NO (Yes, na or ynknown) (If yes give wer or dates at service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if any, which gave 1 rise to immediate cause (a). DUE TO stoting the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20o ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm 20d INJURY OCCURRED (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Not While at work **DIRECTOR:** After be retained by 21. I certify that (I) (this haspital) attended the deceased from ta and that death accurred at 5 P. M. fram causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED M.D DIRECTOR 22c PHYSICIAN'S TO HOSPITAL TO FUNERAL NAME (Type) 230 BURIA CREMATION 23b DATE THEREOF CEMETERY OR CREMATORY OF 23d LOCATION (CUA (State) 25o. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE FUNERAL DIBECTOR VR A15 (4) 25M 1/67

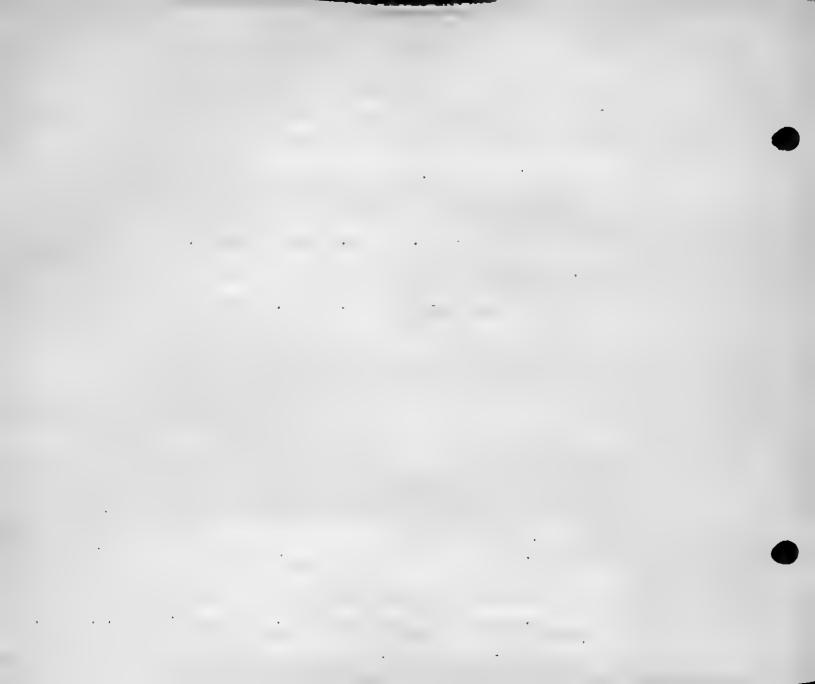


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09053 The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY a. STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND by the pages b. CITY DR IDWN (If outside carparate mits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) 22 davs Edgewater Annapolis d NAME DE HOSPITAL DR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE d. STREET ADDRESS ON A FARM P.O. Box-397 Anne Arundel General Hospital YES NO D NAME OF Middle 4. DATE First Last Year DECEASED (Type or print) 1067 Cecelia McCRARILY July Ruth DEATH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S SEX 6. COLOR OR RACE B. DATE OF BIRTH and comp 7 MARRIED NEVER MARRIED last birthday) Months White Female DIVORCED Nov. 21, 1912 and in an 10a. USJAL OCCUPATION (Give kind of work done during most of working title, even if retired) 17 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, ar remayal. 15 WAS DESCASED EVER IN U.S. ARMED FORCES!
(Yes, ngk gryupknown) (If yes give war at dates at service 16 SOCIAL SECURITY NO INFORM INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per inge for (a), (b), and (c) signed by the burgal-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY - O / A IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying cause priar ta the lost. 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO XX certificate 20g ACCIDENT WAS UNDERLYING ! 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Port II of item 18) OR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or fown) (County) (State) 20c. TIME OF INJRY Month, Day, Year 20d INJURY OCCURRED TO FUNERAL DIRECTOR: After this Hour 'a.m. factory, street, office bldg., etc.) at work 1967, to July 25, 1967, that (I) (proc) last 21. 1 certify that (1) (this last bit), attended the deceased from 1994 Page 4 may be retained director, page 3 shauld shauld be filed with the saw the deceased alive an July 25. 19 67, and that death accurred at M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) Elmer G. Linhardt 3 Chesapeake Ave. Annapolis. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



McKNEW March Land March Land	land wn (if outside cor nsville tess 171 DATE OF DEATI County & Stele, or Anundel DEN NAME	Month H JULY 9. AGE (In years lest birthdey) 56 yrs. r foreign country) CQ.	Den Property (Control of the Control
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bronche	genre	carco	Horney-
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JT NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIVE	N IN PART 1(e)
LURRED. (Enter nature of inju	ury in Pert I or Par	t II of item 18.)	
 PLACE OF INJURY (Home, fectory, street, office bldg. 	, ferm, † 20f. (Cil , elc.)	ty or town}	(County)
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that death occurred at	M. from	n the causes ar	nd on the d
ATTENDING	MED.	STAFF	7-
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TERY OR CREMATORY	23d, LOC	ATION (City, fow	n or county)
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	PLACE OF INJURY (Home-fectory, street, office bldg. rom. I CA CA That death occurred a M.D. ATTENDING PHYS. 22d. ADDRESS	PLACE OF INJURY (Home, ferm, ferm, fectory, street, office bldg., etc.) 20f. (Ci fectory, street, office bldg., etc.) 1957. 10 Ihal dealh occurred at M. M., from M.D. ATTENDING MED. DIRECTOR [22d. ADDRESS	Inal death occurred at PM, from the causes at ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.

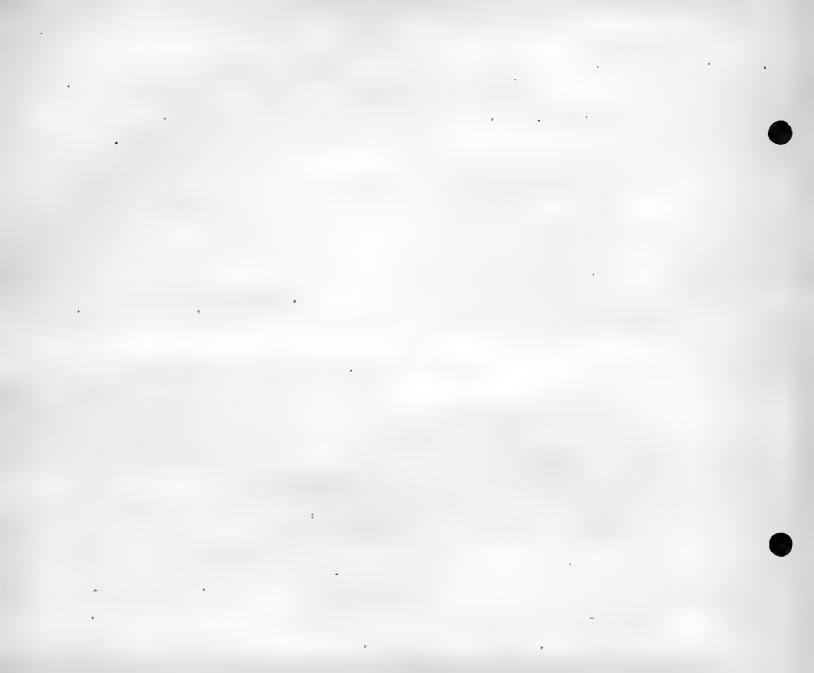
MARYCAND TIATE DEFARYMENT OF HEALTH



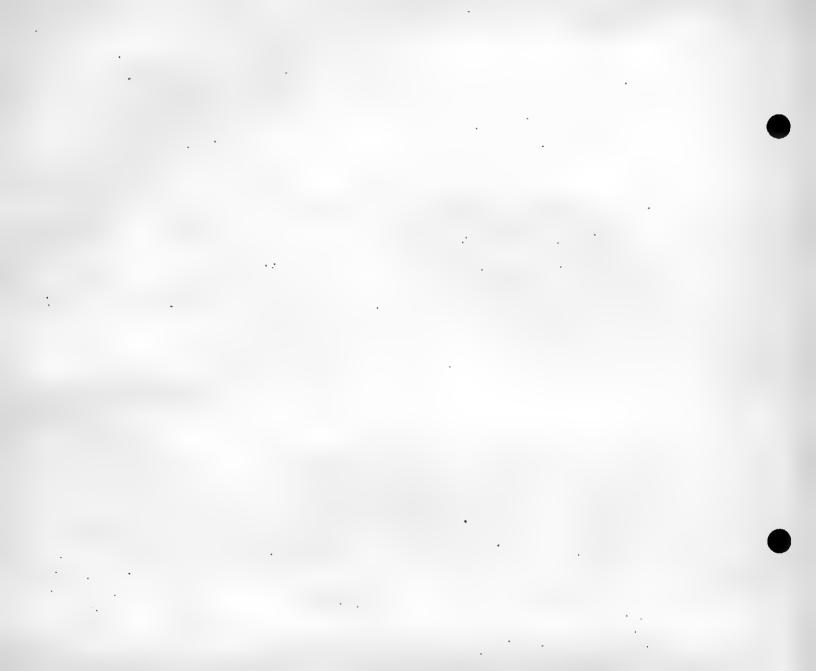
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.9054 39055 CERTIFICATE OF DEATH 2 USUAL RESIDENCE Whom decegsed Ived, if netitution. Residence before admission PLACE OF DEATH

o. COUNTY Anne Arundell 3rd Ave. Landsdowne A socoooody MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) requires that the death certificate be executed within 24 haurs Rural Baltimore Md. Glan Burnie d. STREET ADDRESS 14 3rd Ave. Landsdowne Md d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)

North Arundel e IS RESIDENCE ON A FARM? YES NO TX 3. NAME OF First Middle 4. DATE Last Month Day Year DECEASED McLau hlin Etlen Mary July 18 19 67 (Type or print) DEATH S SEX 8 DATE OF BIRTH AGE (In years 1F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED remove last birthday) Months Haurs W WIDOWED 8/12/06 DEVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 32 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY attending physician permit. Then please States Maryland Railroad Clerk B&O Railroad 14. MOTHER S MAIDEN NAME 13 FATHER S NAME ar remayal, Edward M. Crocken Anna Barland 17. INFORMANT IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO Lavorne (Yes, na, ar unknawn) (If yes give war or dates of service) Dr., Pasadena. Md. signed by the atten burial-transit permi burial, crematian, a Rayford 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) 584X DUE TO l'aurentità! Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO [by the haspital or 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) factory, street, affice blda, etc.) Hour o.m. Not While While at work fo HOSPITAL OR ATTENDING Page 4 may be retained by the at wark 21. I certify that (INthis haspital) attended the deceased fram , 19___, that (I) (we) last director, page 3 shauld should be filed with the ___, and that death accurred at M. fram causes and an the date stated above. saw the deceased alive a 22a. SIGNATURE ATTENDING DIRECTOR M.D PHYS PHYS 22d. ADDRESS 3427 ANNAPOLIS 22c. PHYSICIAN S NAME (Type) 1672 NONTHBOURNE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL, CREMATION (State) 7/21/67 Baltimore National Baltimore, Md. -REMOYA/SPANDUrial 24 FUNERAL DIRECTOR F. D. - 4101 Edmondson Ave. 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

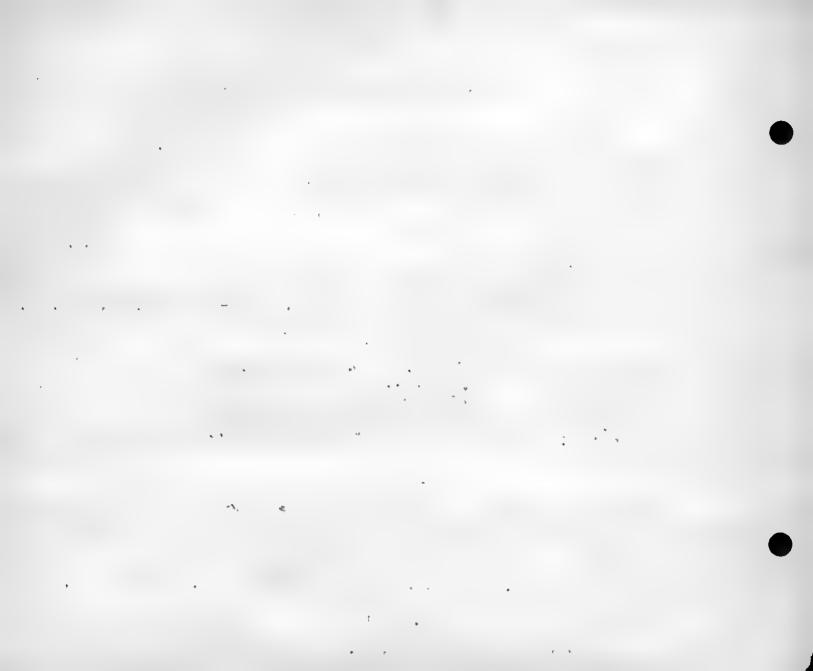


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VI		OUTS OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH			
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	rs after by the Pages J	b. CUTY OR TOWN (if outside-corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)			
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	1 24 hours after death filled in by the funeral papers. Pages J. and 2 ph 72 hours after death	d. NAME OF HOSPITAL ON INSTITUTION (If not in nospital, give street address) d. STREET ADDRESS ON A FARM? YES NO IX			
	icate be executed within 2 physician and completely the phase remove carbon pay val, and in any event, within	3. NAME OF DECEASED MAD First Middle Last 1/0 4 DATE Month Day Year OF			
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	death certificate be ne attending physiciar permit. Then please tion, or removal, and i	during most of working life, even if retired) INDUSTRY			
	ficata phy en pl wal,	13. FATHER'S MAIDEN NAME			
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	death certifica he attending ph permit. Then tion, or removal	15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, for whown) (If yes give war or dates of service)			
	de:	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]			
	ilres that the deat physician. n signed by the at burial-transit pern burial, cremation,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONSET AND DEATH			
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	pital pital d fo	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
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	F S F F F F F F F F F F F F F F F F F F	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While at work at work at work			
	d by Afte d be d be				
	TENC taine OR: hould	21. I certify that (I) (this hospital) attended the deceased from 195 , 19 , to 19 , that (I) (we) last saw the deceased alive on 196 , and that death occurred at 19 M, from the causes and on the date stated above.			
	R AT e ret 3 SI with	22a. SIGNATURE 22b. DATE SIGNED			
	A pay by page page filed	ATTENDING MED. STAFF DIRECTOR PHYS.			
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit per should be filed with the State Dept. of Health prior to burial, cramation	22c. PHYSIGIAN'S NAME (Type) Robert R. HAHN P. O. BOX 73 Severne Coup			
	Shounding.	23a. BIRNAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETRY OF CREMATORY 23d. LOCATION (City town or Country (State)			
	- W	24. FUNERAL DIRECTOR. ADDRESS (25a, REC'D BY REGISTRAR) 25b. REGISTRAR'S SIGNATURE			
	VR A15 (4)	There of Garanes Surna PK, Mare AUG 3 1987 Charles Judge			
	20M 1/65	ROBERT C. BARRANCO			

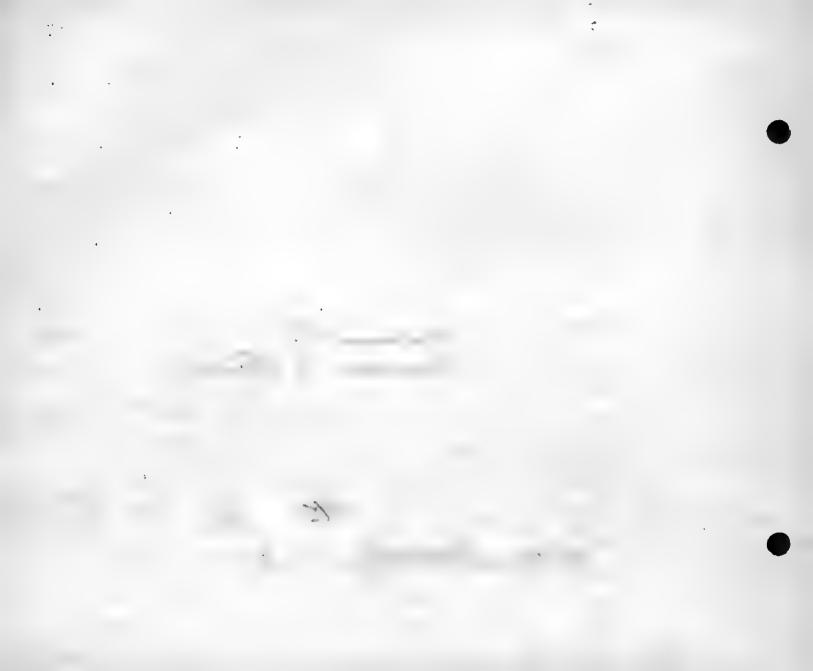


Division of STATISTICAL RESEARCH AND RECORDS, 30 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 DE L'ELEM & PALTIMORE, MARYLA CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admiss on) o. COUNTY o. STATE **b.** COUNTY Anne Arundal. Anne Arundel Maryland hours afte b CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn)
Annapolis c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 requires that the death certificate be executed within 24 haurs Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS 48 Cornhill St. Anne Arundel General Hospital YES NO Y 3. NAME OF Middle 4. DATE Last Dov Year DECEASED (Type or print) completely MORGAN July 67 Martha Bishop DEATH 19 IF UNDER I YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE AGE (In years 8. DATE OF BIRTH 7 420 7 MARRIED TY NEVER MARRIED e A last birthday) Months Davs Haues Female Negro remo Dec. 9. 1890 in any WIDOWED 1Da LSUAL OCCUPATION (Give kind of work done during prost of working life, even it retired) 11. BIRTHPLACE (County & State, or foreign country) 10h. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRYS Annapolis Maryland 14. MOTHER'S MAJDEN NAME 13 FATHER S NAME or remayal. William Bishep Chew Anna 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no prunknown) (If yes give war or dates af service) 17 INFORMANT 16 SOCIAL SECURITY NO Nerris H. Mergan-48 Cernhill St. Anna. Md. None INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line fag (a), (b), and (c).) PART (, DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) DUE TO 1.schemin Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause has been years PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO XIX O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port U of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Not While at work 21. I certify that (1) (this hespite) attended the deceased from July 1967, to July 13, 1967, that (1) (yes) last director, page 3 should should be filed with the July 13 19 67, and that death occurred at M, from couses and on the date stated above. sow the deceased alive on_ 22b. DATE SIGNED 22o SIGNATURI XX DIRECTOR M.D. PHYS 22d. ADDRESS PHYSICIAN S NAME (Type) 62 Cathedtal St., Annapolis, Md. Faye W. Allen, M.D. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) July 17-67 St. Anne's Annapolis, Maryland 2Sb REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Charles 1967 VR A15 (4) C.E.Hicks 111 Annapelis, Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5 1 CERTIFICATE OF DEATH 39058 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Anne Arundel Mar -land MARYLAND popers. Pages I hin 72 hours after b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
GlenBurnie c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PHYSICIAN: The law requires that the death certificate be executed within 24 hours af GlenBurnie d STREET ADDRESS 911 Rose Anne Rd. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? filled HOMEOTROCKE Glen Burnie, Md. North Arundel Hospital NO PK NAME OF DATE Month Midd a Dov Year Mueller July 2, DECEASED Henry 67 10 DEATH (Type or print) S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months WIDOWED K 3-8-89 White Male DIVORCED 100 USUAL OCCUPATION (Give kind of work done du Remot sharp have her, elem freme a s 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT USTRYA? Rewallrant Business physician on please Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address GlenBurnie (Yes, no, or unknown) [(If yes give wor or dotes of service) 219-30-3893 Mr. Charles Mueller, 911 Rose Anne Rd. 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (o) Page 4 moy be retained by the hospital or attending physicion. 1.51X DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION FUNERAL DIRECTOR: After this certificate ğ 20o ACCIDENT WAS UNDERLYING I 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc) Not While 21. I certify that (4) (this haspital) attended the deceased fram 6/7 director, page 3 should should be filed with the and that death accurred at 734 AM, fram causes and an the date stated above saw the deceased alive an 22b DATE SIGNED 22o, SIGNATURE ATTENDING STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (91012) REMOVAL (Specify)
BURIAL Howard County, Maryland 7-5-1967 Meadowridge Cemetery 24. FUNERAL DIRECTOR 2So. REGID BY REGISTRAR VR A15 (4) 20 M 1/66 Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATE



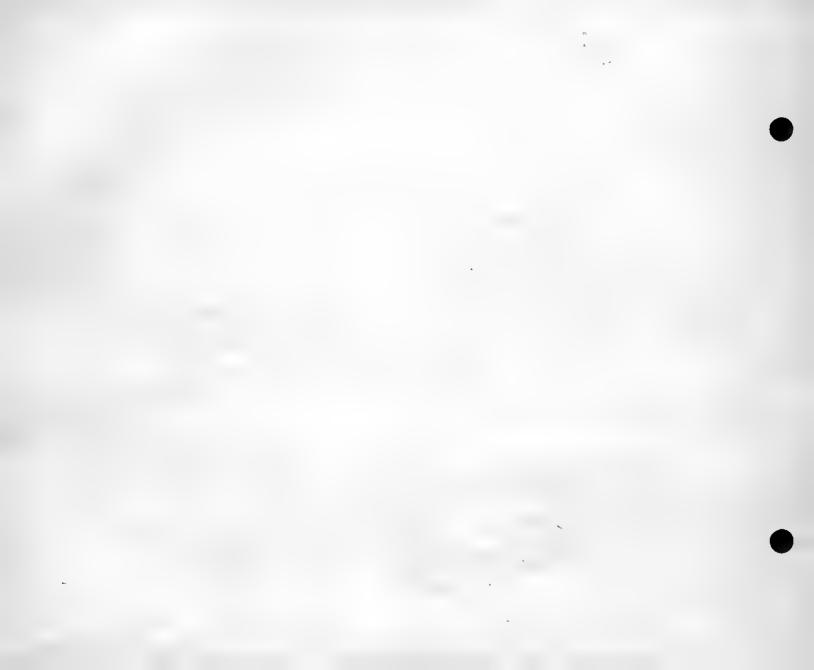
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Besidence before admission) a. COUNTY b. COUNTY the MARYLAND c. CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (if outside corporate | mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Page .⊑ Glan Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled **DN A FARM?** Prince Locust Rd. YES NO. completely i executed within NAME DE DATE Month Day Middle DECEASED DF DEATH event, 19 4 (Type or print) DATE OF BIRTH (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 5 SEX B. COLOR OR RACE emove 7. MARRIED A NEVER MARRIED in any WIDOWED DIVORCED LACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL DCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTA physician n please r waf, and in certificate be during most of working life, even if retired) INDUSTRY La itereni 62658C2-21 MOTHER'S MAJOEN NAM removal, 13. FATHER'S NAME attending ph smit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address n signed by the attend burial-transit permit. burial, cremation, or re 16. SOCIAL SECURITY NO. 17. death (Yes, no. 6r unkown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH P PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) liter this certificate has been be detached for use as the bi State Dept, of Health prior to b gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) WAS AUTOPSY PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? none YES | NO 🗷 OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 20f. (City or town) (County) 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. After While **Not While** be retained by ATTENDING 19 at work at work Page 4 may be recommended to the form of the following the should 21. I certify that (I) (this hospital) attended the deceased from 19 67, and that death occurred at 9 14 M from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M.O. DIRECTOR PHYS. 22d. AOORESS 22c. PHYSICIAN'S NAME (Type) (State) LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMDVAL (Specify) 2 Ritchie Hgwy. Holy Cross Cemetery A.A.Co., Burial REGISTRAR'S SIGNATURE **ADORESS** 25a. REC'D BY 24. FUNERAL DIRECTOR George J. Gonce-4001 Ritchie Hgwy., Baltimore VR A15 (4) 15M 4-64



	MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS	DEPARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE, MARY	LAND 21201
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fureration of and and are death	1 PLACE OF DEATH D. COUNTY AnneArundel MARYLAN	2. USUAL RESIDENCE (Where deceosed lived, if institute of STATE Maryland b. COL	
tours after to by the full haurs after	b CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN It write RURAL and give nearest town) Annapolis	c CITY OR TOWN (If outs de corporate limits, write Rt Annapolis	JRAL and give nearest town)
in 24 ho in 24 ho in papers.	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 700 Americana Drive, Apt. 16	d. STREET ADDRESS 700 Americana Drive A	e. IS RESIDENCE ON A FARM? YES NO X
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execute nd comp emave emave	S SEX Female 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED WIDOWED DIVORCED	June 11. 1908. 9. AGE (in yeors less purthday) yrs	Months Days Hours Mun
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certific g phys Then p maval,	Isaac Beckenheimer	14 MOTHER'S MAIDEN NAME Margaret	?
e death attendir ermit. an, ar re	(Yes, N8 unknown) (If yes give wor or dates of service) 214–20–2457	17 INFORMANT Addi Mr. Chris Oehm	(Same)
law requires that the death certificate be executed within 24 haurs aftending physician. been signed by the attending physician and completely fitted in by the factor burial-transit permit. Then please remave carbon papers. Pages iar ta burial, crematian, ar remaval, and in any event, without 2 haurs after	18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), ond (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost (c)	he Hand Disease	INTERVAL BETWEEN ONSET AND DEATH OUT THE PROPERTY OF THE PROPE
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For Hospital OR ATTENDING Page 4 may be retained by 1 TO FUNERAL DIRECTOR: After director, page 3 should be called with the State	saw the deceased alive on 19.6.7, and 220. SIGNATURE	that death accurred at 130A M, fram causes	and an the date stated above.
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 shauld be filed v	2c. PHYSICIAN'S NAME (Type) Richard I. Hochman, M.D.	M.D. ATTENDING MED. MED. STAFF DIRECTOR PHYS. D 22d. ADDRESS 16 Murray Ave, Annapo	lis, Md.
10 HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil	230. BURIA. (REMATION 23b DATE THEREOF 23c NAME OF CEMETER Parkwood Parkwood	Y OR CREMATORY 23d. LOCATION [City or To Baltimo	own) (County) (Stote)
VR A1II (4)	24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto.Md. 21214	2So. REC'D BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNATURE



	, MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2.1
FORSTATE	09061 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2.0
HEALTH DEPT.	DESCRIPTION OF DEATH a. COUNTY MARYLANO 2 USUAL RESIDENCE (Why fee deceased lived, if institut on Residence before of the country of the c	downsion)
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after alang with th.	S SEX 6 CO.DE OR RACE? 7 MARR ED NEVER MARR ED M B DAIL DE BRTH 9 AGE (IN years IF UNDER) YEAR	UNOER 24 HRS Haurs Min
hin 24 haurs ncil in Item 1 niner's Office pages land2 urs after deatl	Tod USUA, OCCUPAT ON (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or fareign county) 2 (17 ZEN OF W. COUNTRY) 2 (17 ZEN OF W. COUNTRY)	TAH
STCAL EXAMINER: This cert ficate shauld be executed within 24 haurs after death. It is execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ctar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm ned far yaur files. ECTOR: Page 3 shauld be used as a burial-transit permit. Fle pages land 2 with the State Deburial, cremation, ar remayal, and in any event within 72 haurs after death.	13 FATHER'S NAME 14 Daile Daile 14 MOTHER'S MAIOEN NAME COM Let	lei
executed wanding" in p Medical Exc permit. Fla within 72 h	15. WAS DECEASED EVER IN U.S. ARMED FORTES? (Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address	Fish
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shauld be e ne word "per o the Chief ! burial-transut	Conditions of any, which gove	den
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This certificate shauld be executed icate, writing the word "pending" in be farwarded to the Chief Medical E I be used as a burial-transit permit. Fremayal, and in any event within 72	PART 1 OTHER SIGN E CANT CONDITIONS CONTR BUTING TO GEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 W PE YES	AS AUTOPSY REORMEO?
NER: This certificate, hauld be fuller. shauld be fuller. shauld be on, ar remo	PRIMARY CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE WAS CAUSE OF ORATH	
AL EXAMINER: execute the cert rr. Page 4 shauld for yaur files. TOR: Page 3 shaurral, cremation, a	2DK TIME OF INJURY Month Doy, Year Hour a.m. 19 At wark of war	(State)
AL EXA execute or. Page of for you TOR: Page		ny apinian
MEDICAL E) please execur director. Pag retained for) DIRECTOR: P	CHIEF MEDICAL EXAMINER	DATE SIGNED
DEPUTY MEDICAL INCOMESTATION OF THE FUNERAL DIRECTOR S may be retained FUNERAL DIRECTOR DIRECTOR OF THE PRIOR TO BUTTER TO THE PRIOR TO THE PURPLES TO THE P	EXAMINER'S F. LINGARDY. DEPUTY MEDICAL EXAM NER DEPUTY	67
To D	230 BURIAL, CREMATION, 236 DATE THEREOF 236 NAME OF TEMETERY OR TREMATORY 201 DO ATION (City of Town) (County)))CE
VR A15ME (5)	24. FUNERAL DIRECTOR 256 AFOISTRAR S & GNATURE MILLER ON AUGUST AND BELLEVILLE SEE AFOISTRAR S & GNATURE S & GNATURE SEE AFOISTRAR S & GNATURE SEE AFOISTRAR S & GNATURE SEE AFOISTRAR S & GNATURE S &	ege.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH BSUAL RESIDENCE (Where deceased lived if institution Residence before admission o COUNTY o STATE b. COUNTY .≃ ₽ MARYLAND delay b. CITY OR TOWN (I outside carparate limits r LENGTH OF STAY IN 1b c CITY OR JOWN (If autside carparate limits, write RURAL and give nearest town) write_RURAL and give nearest town. the State Depart IS RESIDENCE ON A FARM d MAME OF HOSPITA, OR INSTITUTION (if not in hospital, a ve street address) ANSTREET ADDRESS Office alang with farm in pencil in Item 18. Give Pages YES 🗀 NO This certificate should be executed within 24 hours after death. 3. NAME OF Middle 4. DATE DECEASED OF DEATH (Type or pr.nt) land 2 with S SEX IF UNDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED R DATE OF RIPTH Months lost birthdoy) Hours event within 72 haurs after death WIDOWED DIVORCED 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if retired shauld be farwarded to the Chief Medical Examiner's Farmer 13 FATHER'S NAME File INFORMANT 16 SOCIAL SECURITY NO **∆**ddress permit. 1 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit PART I, DEATH WAS CAUSED BY. T AND DEATH IMMEDIATE CAUSE (6) certificate, writing the word DUE TO any Conditions, if any, which gave rise to immediate couse (a). ⊆ DUE TO stating the underlying couse o SD 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(c) ar remayal, NO D 200 EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Part II of item 18,1 3 shauld AL EXAMINER: CAUSE OF DEATH burial, cremation, 2De PLACE OF NJURY (Home farm 2Dc TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2Df (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. Not While YOUF FUNERAL DIRECTOR: Page at work nt//work 21. I certify that I took tharge afthe remains aescribed above, held an Autapsy . ā nspection 1 Inqu'ry and in my opinion the funeral directar. Undetermined manner death resulted fram Natura causes Accident Suicide . Homicide be retained CHIEF MEDICAL EXAMINER Health priar ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street City, town or county) 230 B RIA' CREMATION. 23b DATE THEREOF 0 REMOVAL (Specify) 2So, REC D BY REGISTRAR YR A15ME (5) (



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09063 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND popers. Poges 1 iin 72 hours after b. GITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 100 d NAME OF HOSPITAN OR INSTITUTION (If not in hospital, give street address) .⊆ d. STREET ADDRESS IS RESIDENCE filled i ON A FARM? NO NAME OF Middle DATE Day Year DECEASED OF DEATH (Type or print) 19 6 noye car ny event S SEX. 6. COLOR OR RACE IF UNDER 1 YEAR IF LINDER 24 HRS 7 MARRIED NEVER MARRIED AGE (In years birthday) Manths Days Haurs DIVORCED WIDOWED 10a USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11 BIR THPLACE (County & State, or foreign country) 10b 12 CITIZEN OF WHAT (or) ng lyes even if retired) **COUNTRY?** ottending physician termit. Then pleose (-0.13 FATHER'S NAME 14. MOTHER'S MAIDEN signed by the ottending physi burial-tronsit permit. Then p burial, cremation, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. .17r INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital or ottending physician. DUE TO Conditions, if any, which gave nse to immediate cause (a). DUE TO stating the underlying cause hos been the prior to GS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PROTECTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? be detached for use State Dept. of Health TO FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d INJURY OCCURRED 20c. TIME OF INJRY Manth, Day, Year 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur a.m. Not While factory, street, affice bldg., etc.) OR ATTENDING at work at wark 21. I certify that (1) (this hospital) attended the deceased from page 3 should be filed with the S Page 4 may be retained saw the deceased alive and that death accurred at fram causes and an the date stated above. 22o. SIGNATURE 225. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS 22c. PHYSICIAN S 22d ADDRESS director, po should be f NAME (Type) 230 BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City or Jown) (County) (Stote) 8 PUNERAL DIRECTOR **ADDRESS** . 14 2Sb 25M 1/67

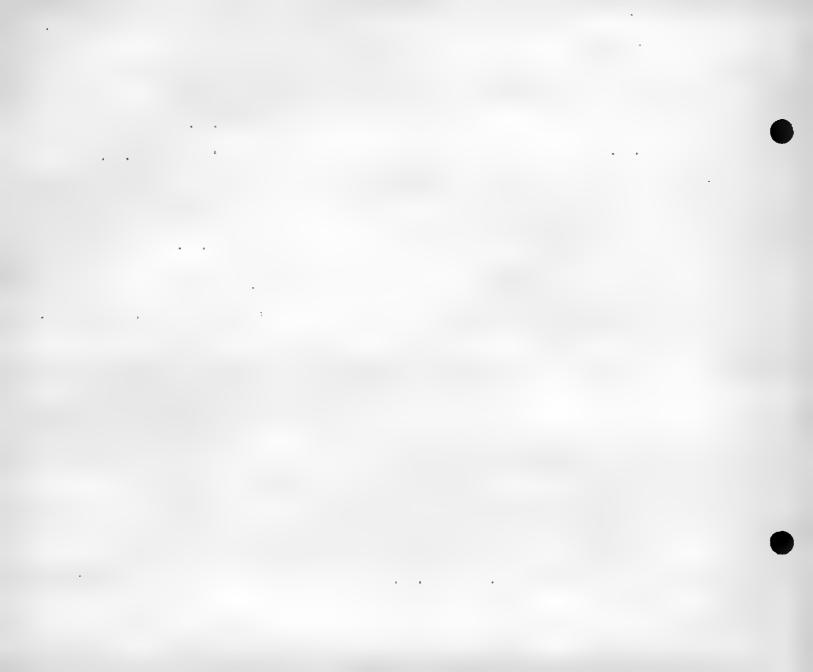


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09064 CERTIFICATE OF DEATH 09064 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death p o the attending physician and campletely filled in by the funeral sit permit. Then please remayerCarba, papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE Maryland Anne Arundel Anne Arundel MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 1b Ft Geo G. Meade, Md. Glen Burnie 2 days d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 409 Ritchie Highway Kimbrough AH YES NO TO 3 NAME OF Middle Lost DATE First Month Doy Year event, wi DECEASED (Type or print) OF DEATH Sandra Renee Pezzotta July 19 67 IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (n years IF UNDER 24 HRS **NEVER MARRIED** Jast birthdoy) Months Doys Hours Jul 67 Female WIDOWED DIVORCED Cau 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o US_AL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) COUNTRY? None None USA Anne Arundel, Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAMI Michael D. Pezzotta Dorothy J. Wynne 15 WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 409 Mitchie Highway (Yes, no, or unknown) (If yes give wor or dotes of service) burial-transit permit Michael Pezzotta (f)Glen Burnie, Md. None INTERVAL BETWEEN CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Premature Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Incomplete expansion of liungs bilateral, 24 hours Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse as the marked PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES SC NO [jo 20o. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Not While of work 21. I certify that (*) (this haspital) attended the deceased fram 0830 23 Jul 1967, to 0115 shauld saw the deceased alive an 0115, 24 Jul 67, and that death accurred at 1:15M, from causes and an the date stated above. 220 SIGNATURE 22b / DATE SIGNED M.D. DIRECTOR 22c PHYSICIAN S 22d. ADDRESS NAME (Type) GELIX Kimbrough AH. Ft Geo G. Meade. Md. director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) Burial Burial 7/25/67 Glen Haven Cemetert Glen Burnie, Md. A. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC D VR A15 (4) Glen Burnie, Md. Raymond C. Fink DATE 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20865 requires that the death certificate be executed within 24 hours after death. by the funeral Pages I and 2 nours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Anne Arundel o. COUNTY a STATE **L COUNTY** MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corparate limits. c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) write RURAL and give nearest tawn) 15 years d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) IS RESIDENC ON A FARM? D. C. Children's Center YES [Fort Davis 3 NAME OF signed by the attending physician and completely burial-transit permit. Then please remayer tarbor DECEASED Type or print DEATH James Pfarr AGE (In years U) UNDER I IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Hours WIDOWED DIVORCED White Male 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) ar removal, and in COUNTRY? during most of work ng life, even if retured)
Institutionalized **INDUSTRY** Washington, D. C. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME WAS DECEASED EVER NUS ARMED FORCE 17 INFORMANAtherine McHugh 16 SOCIAL SECURITY NO (Yes, no, or unknown) i(If yes give wor or dates of service Children's Center Hospital, Laurel Nο 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART | DEATH WAS CAUSED BY ONSET AND DEATH Hematemesis IMMEDIATE CAUSE (o) Asphyxia DUE TO Possible peptic ulcer Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying couse the O FUNERAL DIRECTOR: After this certificate has been Mental retardation - severe 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO ξģ 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I ar Port II af item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Nat While factory, street, affice bldg., etc.) of work TO HOSPITAL OR ATTENDING Page 4 may be retained by th of work 21. I certify that (I) (this haspital) attended the deceased fram July 16 . 19 52 to July 5 _, 19<u>67</u>, that (I) (we) last saw the deceased glive an July 5 1967, and that death accurred at 50m M, from causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** STAFF PHYS M.D. DIRECTOR 7-6-67 director, page should be filed 22d ADDRESS Children's Center, Laurel, Maryland 22c. PHYSICIAN ST MARGARET W. MOLA. M. D. NAME (Type) 234 NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230 AJRIAL, CREMAT ON 23b DATE THEREOF (County) (State) REMOVAL (Specify) REGISTRAR'S SIGNATURE 2So REC'D BY EGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

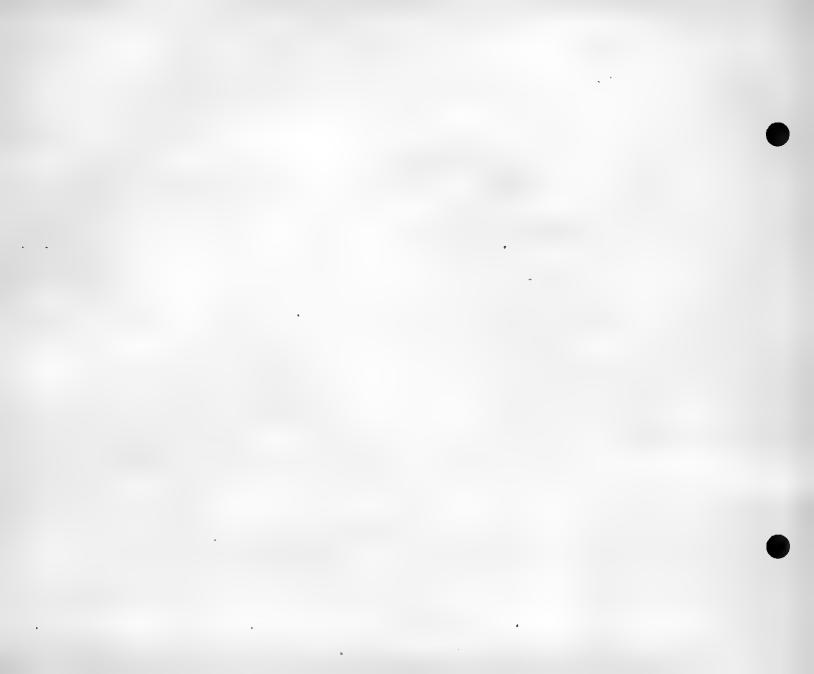


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09066 CERTIFICATE OF DEATH 09066 OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY b. COUNTY Baltimore o. STATE Anne Arundel papers Pages 1 in 72 hours after MARYLAND Marvland in by the fu ers Pages 1 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) CLENGTH OF STAY IN 16 (20)Crownsville Baltimore d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 66 filled Crownsville State Hospital Rt.2 Box10 NOTE YES carbon NAME OF Middle Lost 4. DATE Month Dov Year completely DECEASED 13 Pinter 1967 (Type or print) John Oss DEATH SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED remove Bo yrs Months Hours WIDOWED DIVORCED 12/27/80 and in ony gnd 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT Stone Mason INDUSTRY COUNTRY? Austria Construction 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, Stephano Pinter Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) -218 09-2771 burial-tronsit perm burial, crematian, c Hospital Records no 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (o) Myocardial Infarction Page 4 may be retained by the hospital or ottending physicion. DUE TO Conditions, if any, which gove (b) ASHD rise to immediate couse (a), **DUE TO** stating the underlying couse has been os the lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) WAS AUTOPSY PERFORMED? should be detached far use ith the State Dept. of Health NO this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour 'a m. foctory, street, office bldg , etc) of work ot work TO FUNERAL DIRECTOR: After 9/23/ 1966 , ta_ 7/13/_, 19 67, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram.... 1967, and that death occurred at 6.45 M, from causes and on the date stated above saw the deceased alive an ___ 7/13 220 SIGNATURE 22b. DATE SIGNED MED DIRECTOR 7/13/67 M.D PHYS. director, poge should be filed 22c PHYSICIAN S 22d ADDRESS NAME (Type) C. Dorkan, M.D Crownsville, Maryland 21032 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Baltimore Most Moly Redeemer Md. 24 JUNERAL DIRECTOR 2So. REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 1407 Eastern Ave. #21 DATE JUL Funeral Home Bruzdzinski

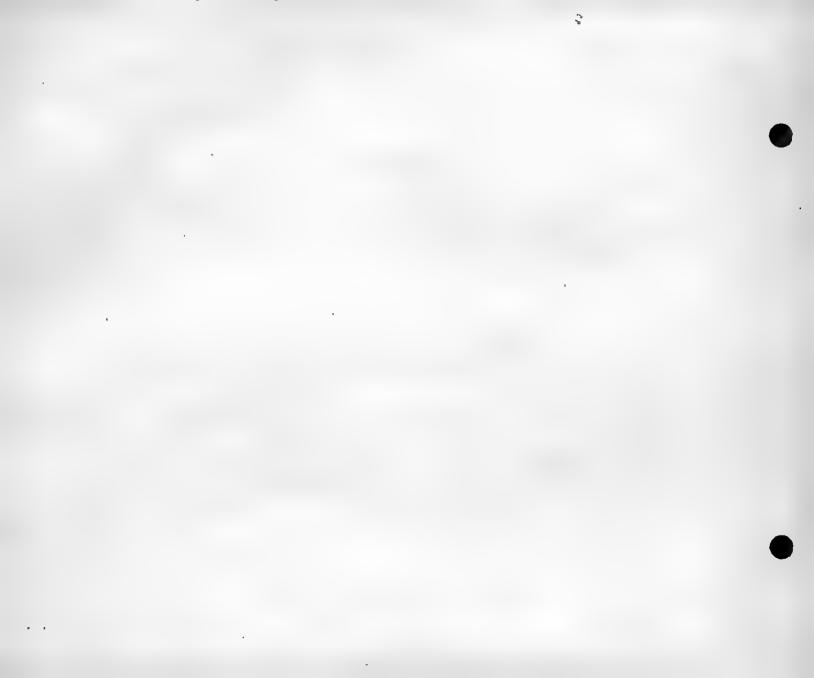
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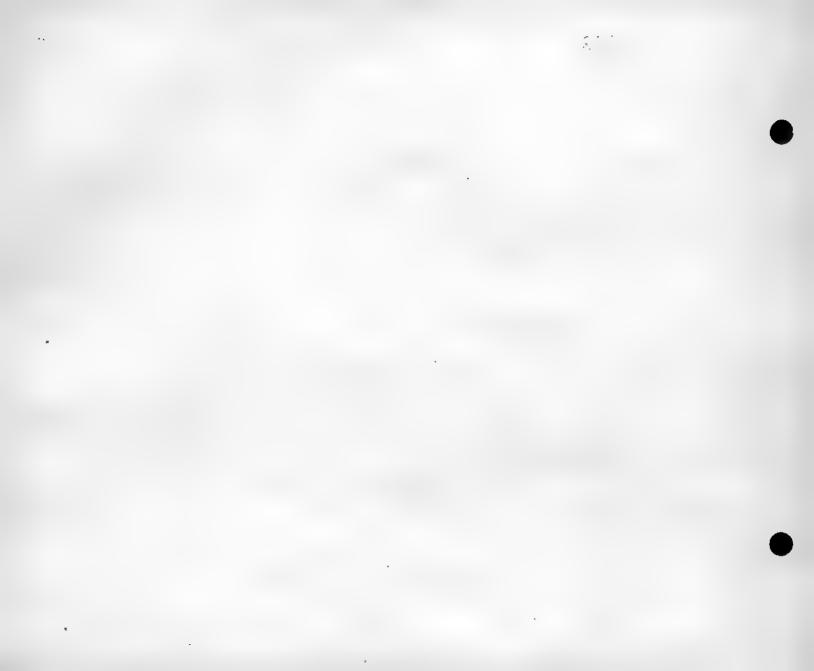
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09067 02067 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY a STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel hours after b CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside comparate limits, write RURAL and give pegrest town) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Annapolia Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .≘ d. STREET ADDRESS e IS RESIDENCE ON A FARM? f.lled : Anne Arundel General Hospital Collison Road YES NO TY 3 NAME OF 4 DATE Last Month Dav Yеаг DECEASED
(Type or print) Wilbur LKXXXXX 26 Dewey PLATT DEATH July 19 and complet ਰ 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7, MARRIED NEVER MARRIED DATE OF BIRTH inst burthday) Manths Hours or removal, and in any DIVORCED 9, 1898 WIDOWED Male White 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) please during most of working life, even if retired). COUNTRY? attending physician sermit. Then please Pennsylvania U. S. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME John S. Platt Prudence 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service 212-34-5366T Emma E. cremation. signed by the a buriol-tronsit pe INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) ONSET AND DEATH an Levospohe Page 4 may be retained by the hospital or attending physician, DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO F 20g ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part t as Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur 'a m. factory, street, office bldg., etc.) While Not While at wark at work 21. I certify that (1) (this hospital) attended the deceased from 26 , that (I) (we) last ウノスく and that death occurred of M, fram causes and on the date stated above. sow the deceased alive on 22a SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS M.D. DIRECTOR PHYS 22d, ADDRESS 22c. PHYSICIAN S NAME (Type) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) REMOVAL (Specify) Arlington National C exc BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS 2Sa Sh REGISTRAR S SIGNATURE DATE Annapolis, Md.



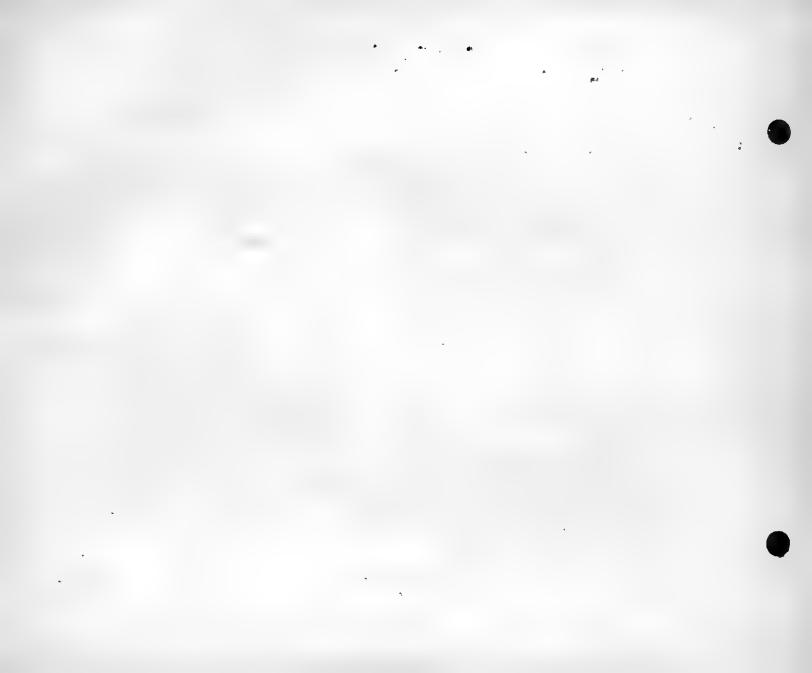
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE ANNE ARUNDEL MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If auts de corporate limits, c EITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) law requires that the death certificate be executed within 24 haurs #11432 9 DAYS JAMAICA-LONG ISLAND d STREET ADDRESS IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) 8907 169 ST. 'NORTH ARUNDEL GENERAL HOSPITAL YES NOOKOX NAME OF First Middle Lost 4. DATE Month Year carban DECEASED 19 67 POLILOCK JULY TDA (Type or print) DEATH IF UNDER 1 YEAR IF JNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED birthday) Months Days Hours JULY 19.1886 FFMALE WHITE WIDOWED DIVORCED and 10o, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife **INDUSTRY** COUNTRY? USA NEW YORK own home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Samuel E. Distillator Pauline Moritz signed by the attending burial-transit permit. Th IS WAS DECEASED EVER IN B.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Lorest Rd. . (Yes, no, or unknown) (If yes give war or dates of service) Mrs. arion Witte-085-05-5853 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART 1 DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if only, which gave rise to immediate cause (o). DUE TO stating the underlying couse as the prior to I last. WAS AUTOPS'
PERFORMED?
ES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION TO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 204 INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office blda..etc.) Haur a.m. at work 21 | certify that (1) (this haspital) attended the deceased from be retained and that death accurred at 1205 M, fram couses and an the date stated above. saw the deceased alive any 22a. SIGNATUR 22b DATE/SIGNED M.D. PHYS director, page should be filed 22d ADDRESS TO HOSPITAL Page 4 may b 22c PHYSICIAN S NAME (Type) RURAL (REMATION REMOVAL (Specify) BUT1 al 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) orth Bergen Hudson ah Cemetery RECISTRABIS SUBMATURE COM 24 FUNERAL DIRECTOR . Hopping VR ATS (4) 20 M 1/66 DATE lopping Funeral Home



]	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
		39063	CERTIFICATE	OF DEATH		09069
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Illed in popper.		NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	Itop Road	d. STREET ADDRESS	top Road	e IS RESIDENCE ON A FARM? YES () NO ()
ed withi		NAME OF DECEASED Type or print) Allelean	Middle	Tope Sr	OF Jely	Doy Year 5 1967
executed w d campletel imave carb iny event, v	5	Male white WIDOWED	NEVER MARRIED	part of Burth Parch 21, 189	S Sast birthdoy) Mi	UNDER YEAR IF UNDER 24 HRS onths Doys Hours Min
ficate be ex ystrian and please rem al, and in ar	\$ X	by most of working life, even if retired and - Bal	ND OF BUSINESS OR OUSIR	Petter	ote, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
n certifica ing physic Then pla emaval,	13	FATHER ENAME		14. MOTHER'S MAIDEN NAM	Schoonster	schweinberg
attending permit. jan, ar ren	15 (Yi	WAS DECEASED EVER IN L. S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO 17 IN 4-01-2322 1122	FORMANT.	Pope Bal	the more 26.
e law requires that the death certificate be executed within 24 hours after tending physician. Is been signed by the attending physician and campletely filled in by the fact as the burial-transit permit. Then please remave carbar papers. Pages I priar to burial, crematian, ar remaval, and in any event, within 72 hours after		18. CAUSE OF DEATH (Enter only one cause per fine for PART). OEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which gave isse to immediate cause (a), stating the underlying cause last	ardiac lecen article Cancer of	lesores, the trung	z	interval between ONST AND DEATH ONST
The lar attend has by see as lth pria	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO OEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	VES NO 54
HOSPITAL OR ATTENDING PHYSICIAN: The age 4 may be retained by the haspital or atter Funeral Director. After this certificate has director, page 3 shauld be detached far use a should be filed with the State Dept. af Health pr	L CERTIFICATION	20d. ACCIDENT WAS UNDERLYING CO OR CONTRIBUTING COLOUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURREO. (I	Enter nature of injury in Port	I or Port II of stem 18)	
NG PHY In the he or this of detack ate Dep	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d 11 Hour a m. 49 While ot world with the control of the	Not While (facto	E OF INJURY (Home, farm, ary, street, office bidg, etc.)	20f. (City or town)	(County) (Stote)
ATTENDIN etained by CTOR: Affei should be		2). I certify that (I) (this hospital) after saw the deceased alive an	ded the deceased from <u>s</u> <u>3</u> 19 <u>67</u> , and that		A M fram lauses and	, 19 <u>67</u> , that (I) (we) last d on the dote stoted obove
OR ATTEN be retained DIRECTOR: / e 3 shauld ed with the		220. SIGNATURE	len M.O		DECTOR D STAFF PHYS D	22b. OATE SIGNED / 7
TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 shauld be detac should be filed with the State Deg		22c. PHYSICIAN'S NAME (Type) P. 11? The Las	ughlin	3708 M. 254	tion Rd Pa	coding flet
Page 4 r Page 4 r O FUNER director,	23	REMOVAL (Specify) Burial 7/7/67	23c NAME OF CEMETERY OR C	REMATORY Memorial	23d. LOCATION (City or Town) Glen Burnie	(County) (State)
VR A15 (4) (1) 20 M 1/66	2	FUNERAL DIRECTOR Culler Francisco N	AOORESS Patapaco	2Sa. REC'O BY		RAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09078 09070 MEDICAL-EXAMINER'S CERTIFICATE FOR STATE HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss an o. COUNTY a. STATE b. COUNTY 3 to Page AACO MARY, AND b CITY OR TOWN (if outside corporate I mits, c City OR TOWN (If outside corposate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 and P.M3. KAN O Napolis State Depart d NAME OF OSPITA. OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRES please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Payes 1, director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form RUN del. GENERO YES NO D be executed within 24 haurs after death 3. NAME OF DECEASED M dale 4 DATE Year Lost Month Doy OF (Type or point) DEATH 19 61 NEVER MARR ED B DATE OF BIRTH AGE (In veors 6 COLOR OR RACE MARR FD lost birthdoy) Months Doys Hours WIDOWED D VORCED Dec. 5-66 pages land; and in any event within 72 haurs after ded 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT 10a JSUAL OCCUPATION (G ve kind of work dane COUNTRY? during most of working life, even if retired) INDUSTRY allemore Hit. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Powell Chew Margaret 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address permit. (Yes, ng, or unknown) (If yes give wor or dotes of service Charles Pewell Tracys Landing 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate shauld DUE TO Conditions, if ony, which gove (b) nse ta immediate couse (a), DUE TO stoting the underlying cause be used 19 WAS AUTOPSY PERFORMED? ar remaval, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTHFICATION 2 NO K 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of niury in Port L or Port L of tem 1B) 3 should PRIMARY CONTRIBUTING EDICAL EXAMINER: CAUSE OF DEATH crematian, MEDICAL 20e PLACE OF NJURY (Mome form ((ty or town) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While at work of work of the remains described above, held an Autapsy 21. I certify that Inspection and in my opinion DIRECTOR: prior to burial, Suicide death resulted causes Acc dent Hamicide Undetermined manner be retained CHIEF MED CAL EXAMINER ACTUAL 22, DATE SIGNED ASSISTANT MED CAL EXAMINER SIG NATURE funeral FUNERAL DEPUTY MEDICAL EXAMINER **EXAM NER'S** Health Address (Street, city, town or county) NAME Type) 23d LOCATION (City or Town) 230 BURAL CREMATION (County) 23b DATE THEREO 0 Md REMOVAL (Specify) FriendShip Carters Ch. Cem RECD BY REGISTRAR REGISTRAR S & GNATUR 24 FUNERA, DIRECTOR 250 VR A15ME (5)



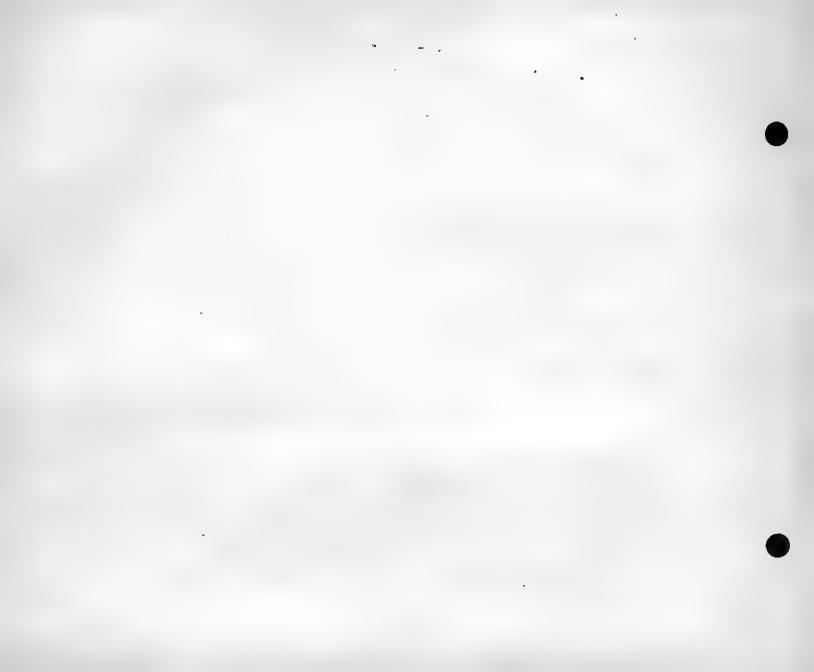
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH kk van papers. Pages 1 and 2 within 72 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE Ownere deceased lived, if institut an Resident before admissible a COUNTY g. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside carporate fimits, C LENGTH OF STAY IN 16 c. CITY OR JOWN (It outside corporate limits, write RURAL endraive negrés) town) PHYSICIAN: The law requires that the death certificate be executed within 24 hours .⊑ e. IS RESIDENCE ON A FARM? INSTITUTION (If hot of hospital dive street address) d. STREET ADDRESS filled YES NO and campletely fil NAME OF First Middle DATE Day DECEASED OF DEATH -9 (Type or print) AGE (in years FUNDER LYFAR 6. COLOR OR RACE 7 MARRIED DATE NEVER MARRIED lost bythdoy) Manths Haurs and in any WIDOWED DIVORCED and 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY) INDUSTRY 13. FATHER'S-NAM TEL MOTHER'S MAIDEN NAME crematian, ar remayal, TS WAS DECEASED EVER IN US ARMED FORCES?
(Yes, na, ar unknown) (If yes give wor or dates of service INFORMAN' 16 SOCIAL SECURITY NO INTERVAL BETWEEN ONSER AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). transit PART I. DEATH WAS CAUSED BY eumon signed by 1 burial trans IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO stating the underlying couse as the priartat WAS AUTOPSY PERFORMED? PART #1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF PART 1(0) NO K certificate 200 ACCIDENT WAS UNDERLYING E 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or tawn) ((ounty) (Stote) TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) Hour a.m. Not While at work of work 21 | certify that (1) (this haspital) ottended the deceased from that (I) (we) last and that death occurred at 425BM, from causes and on the date stated above FUNERAL DIRECTOR: sow the deceased alike on 22a_SIGNATURE 22b. DATE director, page 3 shauld be filed v M.D. DIRECTOR PHYS PHYS 22c PHYSICIAN'S 22d **ADDRESS** O HOSPITAL NAME (Type) OR CREMATORY BURIAL, CREMATION DATE THEREO NUMBER OF CEMETERY 23d / LOCATION (City or Town) (County) VR A15 (4) 25M 1/67



	DS, 301 W. PRESTON STREET, E CERTIFICATE OF DEA		09072
09072		<u></u>	
PLACE OF DEATH O. COUNTY	2 USUAL RES	SIDENCE (Where deceased lived, if institution R b. COUNTY	esidence before odmission)
b CITY DR TOWN IF O Aside Corporate I mits, C. LE	MARYLAND	Maryland.	
write RURAL and give negrest town?	i	OWN (If outside corparate limits, write RURAL or	nd give necrest town)
Crownsville	2 years Balt	imore	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre	eet oddress) d. STREET ADO	DRESS	e IS RESIDENCE DN A FARM?
Crownsville State Hospital	Crown	sville State Hospita	
NAME OF PST	Middle Lost	4. DATE Month OF	Doy Year
(Type or print) Betty		iney DEATH 7	21 1967
S. SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED 8 DATE OF BIRT		INDER 1 YEAR IF UNDER 24 HRS
F N WIDDWED	DIVDRCED 6/6/0	1 66 Yis	
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CE (County & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
Domestic	Vir	ginia	USA
13. FATHER'S NAME	14. MOTHER'S	SMAIDEN NAME	
John Rainey	Ma:	rita Luster	
IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL (Yes, no, or unknown) (If yes give wor or dotes of service)	SECURITY NO. 17. INFORMANT	Address	
No unkn	own Hospita	1 Records, Crownsvill	e Md.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I DEATH WAS CAUSED BY), and (c).)	•	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (6) TY DOS CAL	tic Pneumonia		
Conditions, if ony, which gove)	****		
rise to immediate couse (a),	CVA		
storing the underlying couse		3 5	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD	iosclerotic Cardio		10 WAS AUTOPSY
TAKE II OTHER SOMITCHIE COMPROVES CONTRIBUTING TO VEH	THE DOT HOT KLOSED TO THE TERMINAL DI	ISLASE CONDITION STATE IN TART T(0)	19 WAS AUTOPSY PERFORMED? YES NO
Alcoholism 200. ACCIDENT WAS UNDER YING 200. ACCIDENT WAS UNDER	HOW INJURY DCCURRED. (Enter noture of	injury in Port Lor Port II of Herr 18.1	ILS NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOTE HOOKE DECORATE (EITHE HEIDE OF	injuly in 15th 15th 10th in or non-15th	
20c TIME OF INJURY Month, Day, Year 20d INJURY (44.7	dome, form 20f (City or town)	(County) (State)
Hour a.m. 19 While of work	Not While foctory, street, office of work	bldg., etc)	
21. certify that (1) (this hospital) attended th			1967 , that (I) (we) la
sew the deceased alive on 7/21	$_$ 19 $\overline{67}$, and that death occu	irred at : 30 M, fram causes and	an the date stated above
70. SIONATURE	ATTENDING	2	2b DATE SIGNED
1 2 2 2 1 1 1 2 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 2 1	M.D PHYS	D RECTOR PHYS	7/21/67
22c. PHYSICIAN S NAME (Type)	22d ADD		
L. Mapp, M.D.		, , , , , , , , , , , , , , , , , , , ,	.032
230. BJRIAL, (REMATION, 23b. DATE THEREOF 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
24. FUNERAL DIRECTOR	1. maryland	Ballemore	marylano
			ARS SIGNATURA
24. FUNERAL DIRECTOR		DATE AUG 4 1967 /	AKS SIGNATURE



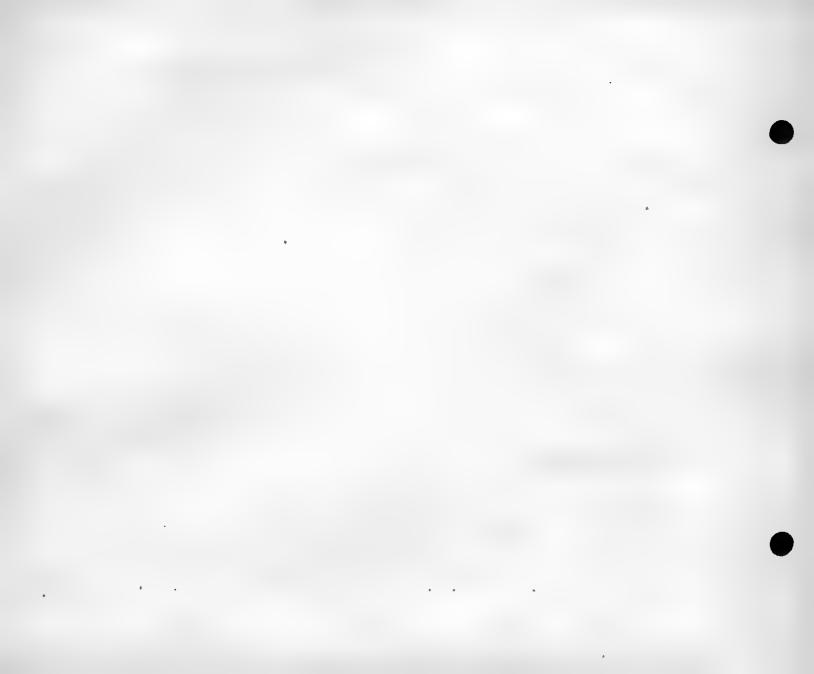
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09073 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived, if institution: Residence before admission) o. COUNTY o. STATE h COUNTY tely filled in by the fun-bon papers. Pages 1 c , within 19 hours after d ANNE ARUNDEL MARYLAND MARYLAND PRINCE GEORGES c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits. CLENGTH OF STAY IN 16 hours LAUREL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? completely filled KIMBROUGH ARMY HOSPITAL 7313 LAUREL-BOWIE ROAD NO X YES NAME OF First Middle 4. DATE OF remove carbon Lost Month Dov Year DECEASED Infant Male (Type or print) REPUKE JULY 19 67 DEATH event 9 AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours 25 JULY 1967 in any e MALE WHITE WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) pleose COJNTRY ? during most of working life, even if retired) N/A and None Anne Arundel, Md USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Harry Rettke Donna Snyder 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dates of service) Harry Rettke, Same as Item #2 No cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) ONSET AND DEATH'S signed by the burial-transit PART I DEATH WAS CAUSED BY APNEA IMMEDIATE CAUSE (o) DUE TO PREMATURITY Conditions, il ony, which gove (b) rise to immediate cause (o), DUE TO stating the underlying couse by the hospital or ottending d for use os the of Health prarto last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? NO A 200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or fown) (County) (Stote) Hour a.m. foctory, street, office bldg,, etc.) Nat While O FUNERAL DIRECTOR: After at work 2) I certify that (1) (this haspital) attended the deceased from 25 July _, 1967 , to 26 July , 1967 , that (x) (we) last be retained director, page 3 should should be filed with the saw the deceased alive an 26 July 19 67 and that death accurred at 2:30 M, fram causes and on the date stated above. 220 SIGNATURE 22b DATE SIGNED ATTENDING 26 July 1967 M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) FELIX A. CONTE, CPT, MC KIMBROUGH ARMY HOSP, FT GEO G MEADE, MD 23c NAME OF CEMETERY OR CREMATORY BUR AL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR VR A15 (4) 25M 1/67



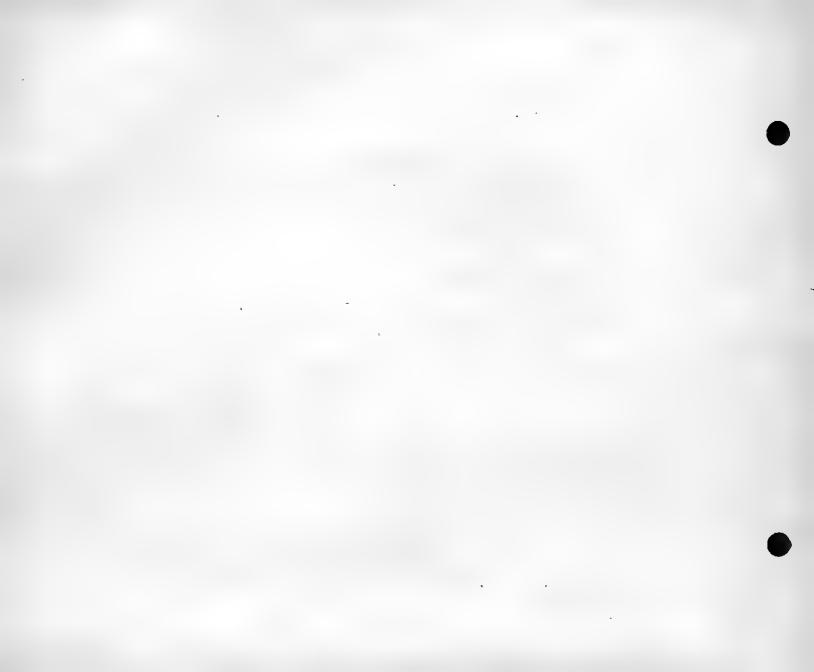
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09074 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours ofter death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Anne Arundel Maryland b CITY DR IDWN (If outs de carparate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Crownsville Baltimore d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE d STREET ADDRESS ondinany event, within 72 filled i ON A FARM? YES NO [Crownsville STate Hosnital Crownsville. Maryland carbon 3. NAME OF Middle 4. DATE Year Doy DECEASED (Type or print) DEATH George Rice S. SEX 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** physician and comp en please remove lost birthdoy) Months WIDDWED DIVORCED 1/17/96 10c USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) **COUNTRY?** INDUSTRY 13. FATHER'S NAME Alantic City, New Jersey USA unknown 14. MOTHER S MAIDEN NAM or removol, offending pr William Rice Ethel Woolburt IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) <u> 211-07-2898</u> Hospital Records, Crownsville Maryland burial, cremation, unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART | DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Pneumonia IMMEDIATE CAUSE (o). by the hospital or attending physician. DUE TO Conditions, if ony, which gove ARS associated with alcoholic intoxication rise to immediate cause (o), DUE TO stoting the underlying couse ther this certificate has been be detached for use as the State Dept. of Health prior to lost. 19 WAS AUTOPS PART II DTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION ND PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (Stote) 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) AED MED Hour o.m. foctory, street, office bldg., etc.) Not While ot work at work 19 67 to_ 1967 , that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased from $\frac{7}{15}$ Poge 4 may be retoined saw the deceased alive an 7/27/ _19.67_, and that death occurred at8:30_M, from couses and on the date stated obove. FUNERAL DIRECTOR: 22n SIGNATURE 22b DATE SIGNED MED DIRECTOR STAFF 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) Dorkan M.D. Crownsville. Maryland should 230 BUR AL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCAT ON [City or Town) (County) REMOVAL (Specify) Merylona 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE



1 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	09075 CERTIFICATE OF DEATH 99075	j
	PLACE OF DEATH o. COUNTY A A Co MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss o. STATE Md b. COUNTY	ion)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) White the comparate limits, write RURAL and give nearest town) Glen Burnie	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Knollwood Manor d. STREET ADDRESS ON A YES	IDENCE FARM? NO 🔼
	PECEASED (Type or print) Iula A Roberts OF DEATH July 29 19	ear 67
	Female W WIDOWED DIVORCED Aug 25,1866 100 Monitis Days Hours	R 24 HRS. M.n
	Oo USUAL OCCUPAT ON (Give kind of work done uring the state) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT USUAL COUNTRY?	
l	3. FATHER'S NAME Unk 14. MOTHER'S MAIDEN NAME Unk	
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. Rear unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Edgar Jennings Seme	
	18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: 19. Conditions, if ony, which gave insert a immediate cause (a), stating the underlying cause (b) DUE TO (c) INTERVAL BI ONSET AND The property of the conditions of the cond	DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS A PERFORI YES YES	TOPSY MED? NO
	PERFOR YES 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Haur a.m. 20d. INJURY OCCURRED While Nat While factory, street, office bldg, etc.)	
After this certificate has been to be detached for use as the state Dept. of Health prior to	p.m. of work C	(State)
İ	21. I certify that (1) (this haspital) attended the deceased fram 404 26, 1964, ta July 29, 1967, that (1) saw the deceased olive on 1967, and that death occurred atM, fram causes and on the date state	
	220. SIGNATURE M.D. ATTENDING MED DIRECTOR STAFF 226. DATE-SIGNED 220. DIRECTOR DIRECTOR DIRECTOR 29 1	767
	NAME (Type) Ray M. Smith, M. D. Hahn Professional Bldg. Severna Pa	rk,
	Burial 7/31/67 Woodlawn Cem Balto Co Md	(Stote)
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE MCGully F H 237 Patansco Ave 21225 DATE JUL 3 1 1987 Yourses your	ge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF 09076 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY a STATE b. COUNTY Anne Arundel MARYLAND Maryland on papers. Poges 1 within 72 hours affer b. CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) write RURAL and give negrest tawn)
Glen Burnie Baltimore .≘ d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? filled North Arundel Hospital 947 Coleridge Rd. YES NO [21229 3 NAME OF Middle 4. DATE Moath attending physician and completely to semit. Then please remove Carbon Doy Year DECEASED event, (Type or print) Myrtle C. Robinson DEATH 18 July 19 67 IF UNDER 24 HRS 9. AGE (In years IF UNDER I YEAR 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED last bythday) Months Davs Hours WIDOWED DIVORCED White ond in ony Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? INDUSTRY Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Kate Winn John W. Wiegand 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 21229 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates at service None Mr. Lynnwood M. Robinson, 947 Coleridge Rd. No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by by the hospital or attending physician. DUE TO buriat Canditians, if any, which gave rise to immediate cause (a), **DUE TO** far use as the b stating the underlying cause has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗌 NO certificote 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port I) of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, O FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour 1 a.m. factory, street, affice bldg., etc.) Nat While of work at wark 21. I certify that (1) (this haspital) attended the deceased from 19.5.3 be retained director, page 3 should should be filed with the saw the deceased alive an and that death occurred at 25 PM, from causes and on the date stated above. 22o SIGNATUR 22b DATE SIGNED ATTENDING MED DIRECTOR M D PHYS 22c. PHYSICIAN'S 22d ADDRESS O HOSPITAL NAME (Type) 7-0179 Dr. John P. Urlock 1227 Washington Blvd. VE 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Loudon Park Cemetery Baltimore Md. Burial 7/22/67 RECO BY REGISTRAP 67 25b. REGISTRAR S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Howard H. Hubbard, 4107 Wilkens Ave. 21229



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09077 09077 CERTIFICATE OF DEATH 24 hours, after deoth PLACE OF OEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b COUNTY MARYLAND ANNE ARUNDEL ANNE ARUNDEI MARYLAND b CITY DR TDWN (If outside carporate limits, write RURAL and give nearest town)
ANNAPOLIS CLENGTH DE STAY IN 16 c CITY DR TOWN (If outside corporate limits, write RURAL and give pegrest town) ANNAPOLIS, MD. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE DN A FARM? NAVAL HOSPITAL, ANNAPOLIS, MD. 37 NORTH GLEN AVE. ANNA. MD. NAME OF First Middle Lost 4. DATE **OECEASEO** OF DEATH ROELLE . Sr ELIGIUS. SK. LOUIS 28 JULY. (Type or print) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. S SEX 9 AGE (In years IF JNDER) YEAR | IF UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED fost birthdov) Months CAUC WIOOWFO DIVORCED December 1884 MALE 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired)
Chief Musician Navy Band U.S.A. Jasper, Indiana 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Joseph Roelle Catherine Roelle 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes nive wor or dotes of service) 215-48-5328 KATHRYNE R. KIRBY, 1608 VIRGINIA AVE., ANNA 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN been signed by the the burial-tronsit ONSET AND OFATH PART I. DEATH WAS CAUSED BY CARCINOMA OF RECTUM WITH METASTASIS IMMEDIATE CAUSE (o) **OUE TO** Conditions, if ony, which gove rise to immediate couse (a), **OUE TO** as the prior tak stating the underlying couse PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? this certificate hos NO X YES : 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Oov, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) Not While factory, street, office bldg., etc.) ot work 21 I certify that (I) (this haspital) attended the deceased from / July , 19 67, po 28 July , 19 67, that (I) (we) lus saw the deceased alive an 28 July 19 6,7and that death occurred at 1543 M, from causes and on the date stated above director, page 3 should should be filed with the 220 SIGNATURE 22b DATE SIGNED STAFF # July 28, 1967 DIRECTOR M D 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) J. J. QUINN. LCDR MC USN NAVAL HOSPITAL, ANNAPOLIS, MD. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23b DATE THEREOF (Stote) 230 BURIAL, CREMATION, 1967 Arl. Nat'l Cemetery Ft. Myer, Va. **ADDRESS** 24. FUNERAL DIRECTOR BEALL FUNERAL HOME, ANNAPONS, MD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09078 09078 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) n. COLNIY o STATE b COLNTY Anne Arundel MARYLAND Marvland Anne Arundel b CITY OR TOWN (If outs de corporate limits write RURAL and give nearest tawn) c LENGTH OF STAY N 16 CCITY OR TOWN (If outside corporate limits, write RURA, and give negrest town) d NAME OF HOSP TAL OR INSTITLT ON (If not in hospital, give street oddress) Pasadena П.П.А. B IS RESIDENCE ON A FARM? d STREET ADDRESS Office alang with farm North Arundel General Hospital Rt. 5. Box 232C - Magothy Blvd. in Item 18. Give Pages TI NO T YES NAME OF First Middle 4 DATE Lost Month Dov Year DECEASED OF July (Type or print) JAMES ROGERS DEATH F UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE NEVER MARRIED B DATE OF BIRTH 9 AGE (in years 7 MARRIED lost birthday) Hours Jan. 15, 1914 WIDOWFD DIVORCED Male White 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even firetired) any event within 72 hours after INDUSTRY Langenfelder & Wise Co., Virginia San Truck Oriver please execute the certificate, writing the ward "pending" in pencil in director. Page 4 shauld be forwarded to the Chief Medical Examiners 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed within Lucy Dingus Raleigh Rogers 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) If If yes give wor or dates of service. 224 03 5690 Mrs. Themma Rogers (wife) Same As #2 **du 11** 18 CAUSE OF DEATH (Enter only one couse per tine for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY NTERVAL BETWEEN ONSET AND DEATH Multiple Injuries IMMEDIATE CAUSE (o) ____ DHE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? 200 EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) (driver of car) 3 shauld car went on shoulder, collided with guard rail & turned over CAUSE OF DEATH crematian, 20c TIME OF HALLIST Month, Doy, Year loctory, street office bldg etc)
Street Ydur Not While at work FUNERAL DIRECTOR: Page of work 7/14 1967 Baltimore -Anne Arundel-Md. 21 I certify that I taak charge of the remains described above, held an Autapsy X. Inspection . Inquiry . and in my opinion director. Natural couses Undetermined manner deoth resulted fram: -Accident X Su cide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MED CAL EXAMINER DEPUTY MED CAL EXAMINER 7/15/67 Werner U. Spitz, 5 may 1 NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23d LOCATION (City or Town) 230 BLRIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) Banner. Va. Hamm Cematery July 18,1967 250 RIGI BY RIGITYRAR 967250 REGISTRADE SIGNALING HOS Singleton Pural Home VR A15ME (5) Glen Burnie, Maryland 6M 1/67 DATE

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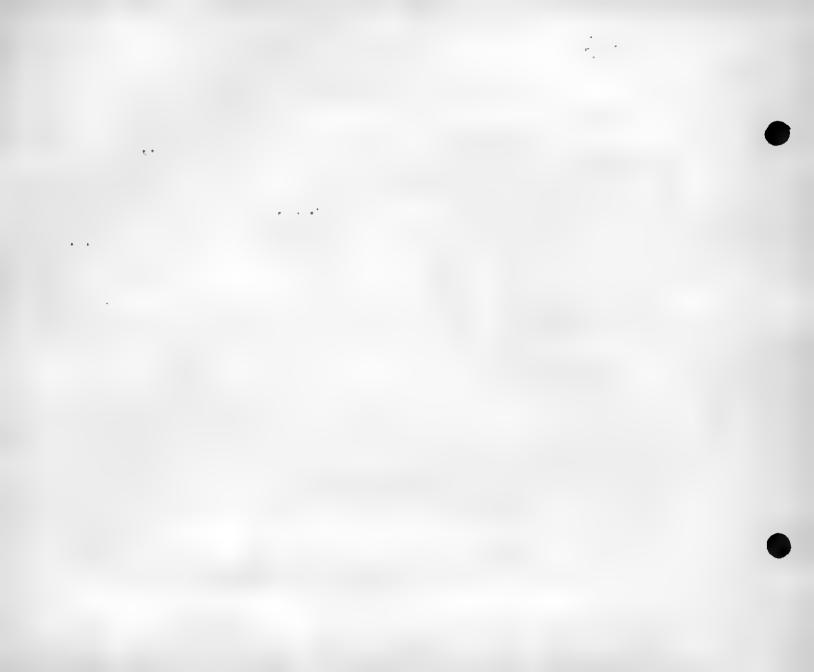
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09079 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH signed by the ottending physician and completely filled in by the funero burial-transit permit. Then please remove carbon papers. Pages I and a COUNTY Anne Arundel o. Maryland Anne Arundel MARYLAND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Linthicum Heights Millersville d STREET ADDRESS e. IS RESIDENCE ON A FARM d NAME OF MOSP TAL OR INSTITUTION (If not in hospital, give street address) 209 North Hammonds Ferry Road YES 17 NO Knollwood Nursing Home NAME OF Middle DATE First Lost Manth Day Year DECEASED (Type or print) Katherine Rose 1967 Rohner DEATH July 10 SEX AGE (In years IF UNDER 24 HRS. à COLUR OR RACE 7 MARRIED NEVER MARRIED 8. OATE OF BIRTH A Au birthday) Days Months Haurs F June 6, 1886 WIDOWED K 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Never worked COUNTRY? INDUSTRY Baltimore, Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Derrenberger Henry Annie Herbst TS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, po, or unknown) (If yes give war or dates of service)
NO 17 INFORMANT 16 SOCIAL SECURITY NO. Address 113 Cedarcroft Rd Mr. Robert Wilson 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** 24.Com Conditions, if any, which gave rise to immediate cause (a). DUF TO stoting the underlying cause the hospital or ottending os the prior to IO FUNERAL DIRECTOR: After this certificate has been last 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) of Heolth p NO F 20a ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, office bldg, etc.) 7/12 . 1966__. ta 2/10 1962, that (I) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram_ 4 moy be retained 19 67, and that death accurred at, M, fram causes and an the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 7/10/67 M.D. 22d. ADDRESS 22c. PHYSICIAN'S Hahn Professional Building, Severna Pk, M. Smith, M. D. NAME (Type) director, should 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 230 BURIAL, CREMATION, REMOVAL (Specify) Glen Haven Cemetery Glen Burnie, Md. 25a. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09080 09072 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) The low requires that the death certificate be executed within 24 hours after dear o. COUNTY a. STATE b. COUNTY Anne Arundel Maryland MARYLAND Anne Arundel b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Arnold d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? BOX 623 filled Anne Arundel General Hospital WithIn YES NO F NAME OF carbon First Middie Last 4. DATE Day Year completely DECEASED T. (Type or print) Genevieve DEATH ROSE July S. SEX IF UNDER I YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS remove rast birthday) Months September crematian, or remayal, and in any WIDOWED X DIVORCED 17.1885 Fema le White gud 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT attending physician control during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY Maruland U. S. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Joshua Sank Eliza Einherm 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 17 INFORMANT 16 SOCIAL SECURITY NO Address permit None 7528 Carson Ave., Wm. A. Rose. 21224 NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) INTERVAL BETWEEN signed by the buriol-tronsit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the hospitol or attending physician. DUE TO Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause os the prior to last WAS AUTOPS) PERFORMED? hos PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FICATION State Dept. of Heolth YES NO certificote PHYSICIAN: 5 200 ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Hame, farm (City or town) (Caunty) (Stote) FUNERAL DIRECTOR: After this Hour a.m While Not While foctory, street, affice bldg., etc.) at work ATTENDING of work 21. I certify that (I) (this haspite) attended the deceased from Page 4 may be retoined and that death occurred at from couses and an the date stated above. saw the deceased alive an 22g SIGNATURE A.M. **ATTENDING** director, page 3 skpuld be filed w M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22e PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) NAME OR CEMETERY OR CREMATORY 23a BURIAL CREMATION DATE THEREOT (County) REMOVAL (Specify)
BURIAL BALTO., MD. LOUSON PARK CEMETERY 7/31/67 0 25b REGISTRAR S SIGNATURE 250. REC D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 1957 HOWARD H. HUBBARD 4107 WILKENS AVE., 21229 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69081 09081 CERTIFICATE OF DEATH ease remove carbon papers. Pages 1 and 3 and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution: Residence before admission) o. COUNTY p. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 The law requires that the death certificate be executed within 24 haurs Annapolis Annapolis .≘ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RES DENCE ON A FARM? d STREET ADDRESS filled 1165 Madison St. NO XX Anne Arundel General Hospital YES NAME OF Middle 4 DATE First Lost Month Year Dov DECEASED 19 67 LeRov RUTTER July 25 (Type or print) Edward DEATH S SEX IF I NDER 24 HRS 1F UNDER 1 YEAR 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** lost birthday) Months Haurs Dovs White Male Dec. 28, 1892 WIDOWED DIVORCED puo 10a USUAL OCCUPATION (Give kind of work done 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during post of working life, ever if retired signed by the ottending physicion of buriol-transit permit. Then please Maryland FATHER S NAME 14. MOTHER S MAIDEN NAME buriol, cremation, or removal. SOCIAL SECURITY NO WAS DECEASED EVER IN U.S. ARMED FORCES? INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY ONSET AND DEAT IMMEDIATE CAUSE (6) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause as the hos been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO certificate 20g ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, farm (County) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (Stote) Haur 1 a.m. factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After of work 21 I certify that (I) (this hospital) attended the deceased from cene 1966. 1962, that (1) (140) last director, page 3 should should be filed with the saw the deceased alive on 1967, and that death occurred at M, from causes and on the date stated above. 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** MED DIRECTOR M D PHYS PHYSICIAN S **ADDRESS** O HOSPITAL NAME (Type) Kichard Murray 23b. DATE THEREO LOCATION (County) (Stote) BURIAL, CREMATION, (Lity or Town) 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09082 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 27 minutes Harwood d NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM Anne Arundel General Hospital YES NO 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED OF DEATH SALUZZO July 67 (Type or print) Mariea Clorinda 19 IF UNDER 1 YEAR 7 MARRIED lost birthdoy)
53 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED Months WIDOWED DIVORCED Dec. 6, 1913 White Female 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Australia PETAURAN 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME MARIRA ORNEllA RINDA 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (o) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY DNSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse lost WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 200 ACCIDENT WAS UNDERLY NG 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m foctory, street, office bldg., etc.) Not While 2) I certify that (I) (this hospital) attended/the deceased fram saw the deceased alive an, and that death accurred at 2.200M, fram causes and an the date stated above DATE SIGNED 22b MED DIRECTOR PHYSICIAN'S NAME (Type) Southgate Ave., Annapolis, Md. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d LOCATION (City or Jown) (Stote) REMOYAL (Specify) 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE

Page 4 may be retained by the haspital ar attending physician. director, page 3 should should be filed with the TO FUNERAL VR A15 (4)

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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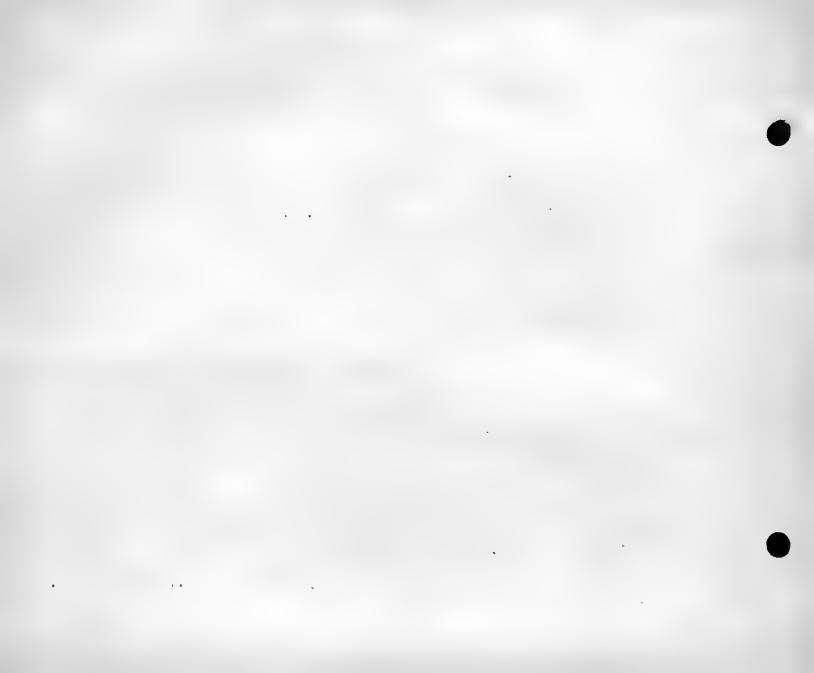
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DIRECTOR:

09082



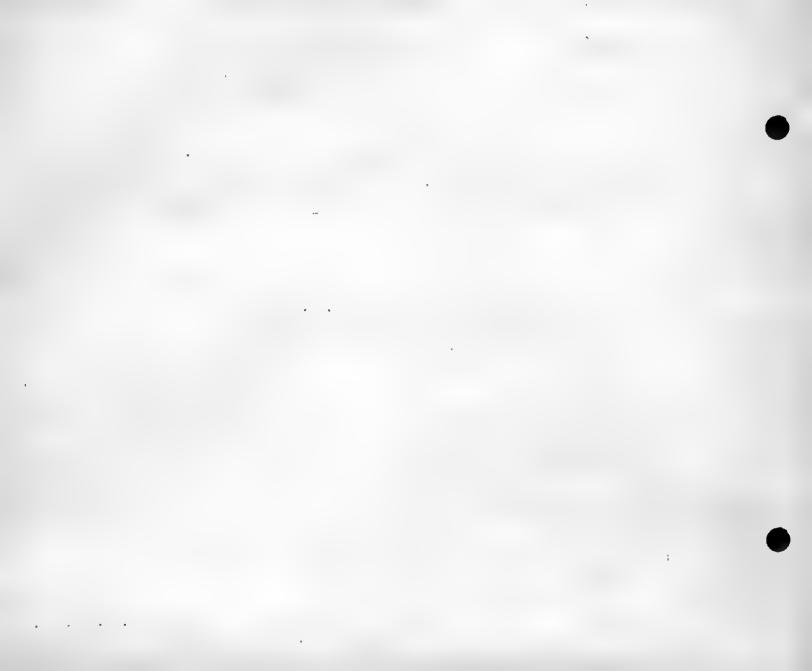
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09083 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Anne Arundel o STATE h COUNTY 0 MARYLAND Marvland Anne Arundel b CITY OR TOWN (fourside corporate im ts C. FNGTH OF STAY IN Th c CITY OR TOWN (If autside corporate limits, write RURA, and give nearest town) write RURAL and give sparest fawn Deale Deale d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address; d. STREET ADDRESS e IS RESIDENCE ON A FARM? to the Chief Medical Examiner's Office along with form 9 Anne Arundel General Hospital NO X in Item 18. Give Pages YES be executed within 24 hours ofter death NAME OF First M-ridle Lost 4 DATE Month Year DECEASED OF CHARLES SANFORD Ju₁v 17. 67 (Type or print) DEATH SEX 6 COLOR OR RACE AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARR ED 8 DATE OF BIRTH birthdoy) last Months Hours White within 72 hours after death. Male WIDOWED D VORCED 10b K ND OF BUSINESS OR 100 USUA, OCCUPATION (Give kind of work done BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working are, even if retired INDUSTRY COUNTRY? Restoivint MOUTEYOSS bencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give war or dates of service 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH event IMMEDIATE (AUSE (o) Arteriosclerotic Cardiovascular Disease This certificate should writing the ward **DUE TO** ony Conditions, if any, which gove (b) nse to immediate couse (a), ≘ DUE TO stoting the underlying couse farwarded puo 0.5 remayal PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS FICATION PERFORMED? please execute the certificate, YES XX NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18) 3 should CERT PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH crematian, 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) 20c I.ME OF INJURY Month, Doy, Year (County) factory, street, office bldg., etc.) Not While at work 21. I certify that I took charge of the remains described above, held on Autopsy X. Inspection Inquiry and in my opinion DIRECTOR: death resulted from. Natural causes X Suicide Hamic de funeral directar. Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE FUNERAL I DEPUTY MED CAL EXAM NER **EXAMINER'S** Spitz, 7/18/67 Werner 5 may to FUNE NAME (Type Address (Street, city, town, or county) 230 BURIAL CREMATION DATE THEREOF 23d LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) VR A15ME (5) 6M 1/67



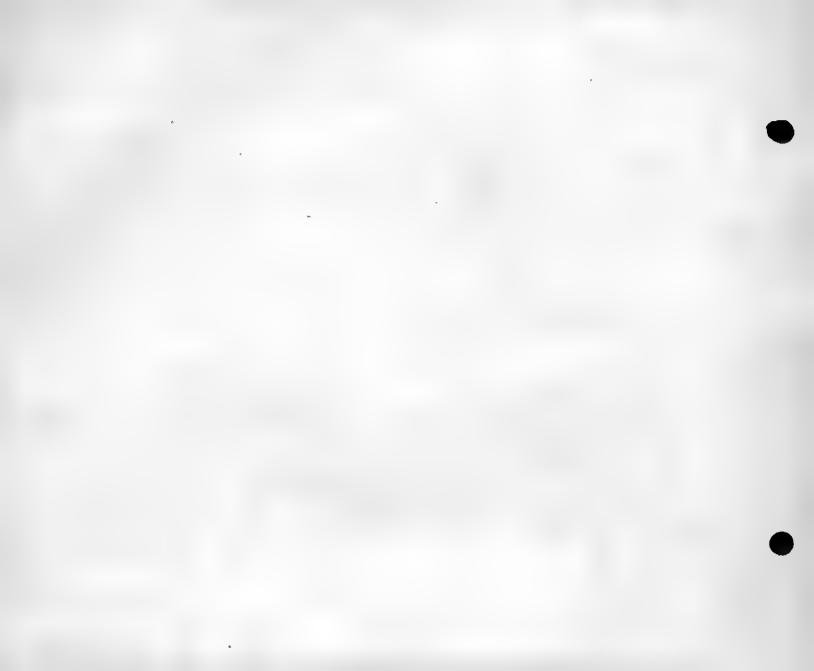
1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR-STATE	19084 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH MEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission.
necessary, ictor, Page our files.	o. COUNTY - A - CO MARYLAND O. STATEND 6, COUNTY A - CO
director, i or your fill epartment eath.	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside egrocate limits, write RURAL and give nearest town)
for your fill Department death.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE
	111 Sovern River Road 111 Severy Queer Rd. YEST NO X
Saff	3. NAME OF First Middle Last 4. DATE Month Day Year OF
로 하는 기를 가는 기를 가를 가는 기를 가득하는 기를 가는 기	(Type or print) Robert H SAPP. DEATH 7 4 1961
[]	5. SEY ALE OF BIRTH 9. AGE (In year of BIRTH 9. AGE (In year of BIRTH 19. AGE (In year of BIRTH 19
	106. USDAL OCCUPATION (Give kind of work done during most of working life, avan if refired) 10 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign sountry) 12. CITIZEN OF WHAT COUNTRY!
	13. FATHER'S MAME / COLOR OF THE SMAIDEN NAME
2 Pd 2	Harold R. Jan Those Months
i. File p in any	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no for funkown) [(If yes give were or dates of service)]
Ornice along with form two. rage burial-transit permit. File pages I an n, or removal, and in any event wit	10 - Harold O. Japp Ithaca N. y
removal,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) South warmed and Confermed Confermed Conserved DEATH ONSELEDED DEATH
burial-transit	Ser 1
n, or	Conditions, if eny, which (b) Could
e used as a b	(a), staling the underlying DUE TO
	10
	PERFORMED? YES \(\sqrt{NO} \sqrt{\text{PS}} \)
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY PERFORMED? YES NO BE PRIMARY BY OF CONTRIBUTING CAUSE WAS PRIMARY BY OF CONTRIBUTING CAUSE OF DEATH.
ed agent, prior	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, term. 20f. (City or town) (Stele)
agent	E p.m. 7/2- 1967 of work of so work 1 /dame, AACO 40.
	21. I certify that I took charge of the remains described above, held an Autopay I Inspection Inquiry and in my opinion death resulted from Natural causes I, Accident I, Suicide II, Homicide I, Undetermined manner
	CHIEF MEDICAL EXAMINER
is designed age	SIGNATURE LEVEL DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
ealth or its d	EXAMINER'S SHOW DEPUTY MEDICAL EXAMINER 7-4-67. Address (Street city, Sown or County)
E TEST	NAME (1796) Address (Street, city, lown, or county) 220. DATE THEREOF 222-NAME OF CHMITTERY OR CREMATIONY 220. CATION (City, lown, or county) (Stote) (Stote)
įΞ	Durial 7 10 61 Fast Laur em- Thace 01.
15ME	ADDRESS 240. RECIDENT REGISTRAR 1 246. REGISTRAR'S SIGNATURE
1/63	Donate C BADDANCE
	RUNER STORES



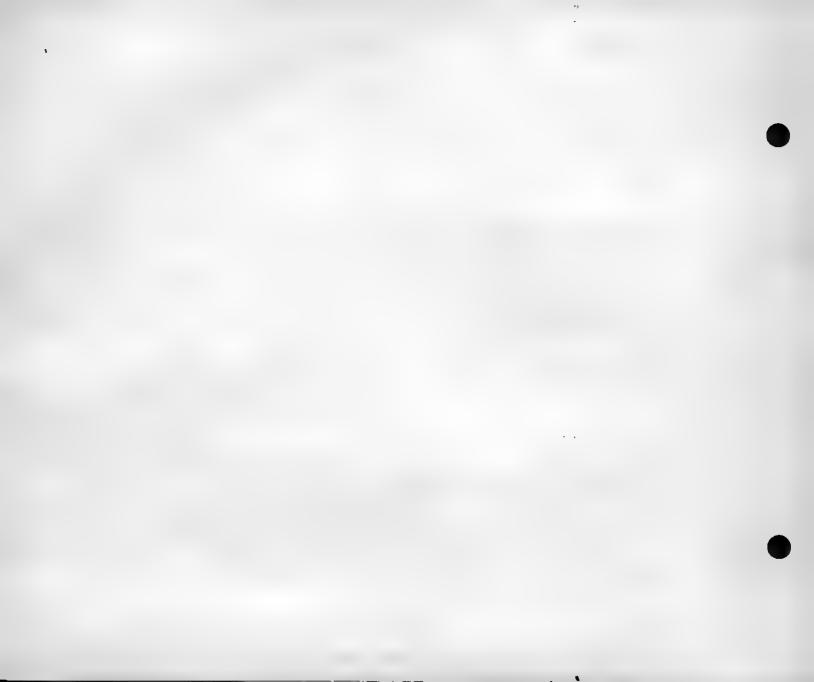
1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
77b	09885 CERTIFICATI	E OF DEATH	09085	
requires that the death certificate be executed within 24 hours after death g physician. I signed by the attending physician and conseletely filled in by the functol burial-transit permit. Then please remove carbon papers. Pages and a burial, cremotion, or remayal, and in any event, within 72 hours after death.	1. PLACE OF DEATH O COUNTY Anne Arundel MARYLAND	2 USUAL RESIDENCE (Where deceased lived, of STATE Augustian Maryland		
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hin 24 ha filled in 1 papers. thin 72 ha	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) North Arundal	Baltimore d. STREET ADDRESS 513 Annabel Ave.	e is residence on a farm? Yes \(\) no \(\)	
etely fil	3 NAME OF First Middle DECEASED	Lost 4 DATE OF DEATH	Month Day Year July 5 19 67	
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ate be exection on college renders on	10a USUAL OCCL PATION (Give kind of work done during mass of working life, even if retired) None 10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stole, or foreign count Baltimore Marvland		
ertificate b physician hen please naval, and i	13. FATHER'S NAME Joseph Benik	14 MOTHER'S MAIDEN NAME Brigitta Waitkas		
he death ce e ottending permit. The	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	r. W. Raymond Schuman	Address 21225 513 Annabel Ave.	
not the i.y the or	IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART + DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	arrest.	INTERVAL BETWEEN ONSET AND DEATH	
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dw ndin beer beer or th	stating the underlying cause Due to lost. (c) Carcinat	one femlu	- Lexui 6 Mas	
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□温温です	GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I ar Part II of iten ACE OF INJURY (Home, form, 20f. (City or	·	
	p.m. 17 at work L dr work L	ctary, street, office bldg., etc.)		
OR ATTENDING be retoined by it JIRECTOR: After i 19 3 should be di ed with the State	21_1 certify that (I) (this haspital) attended the deceased from_saw the deceased alive an	at death accurred at 2300M, from	22b. DATE SIGNED.	
OR DIRECTED SPECE	20c. PHYSICIAN'S	A.D PHYS. DIRECTOR PHY 22d. ADDRESS	Ys. 0 7/5/6)	
25 4 ₹ 5 E	NAME (Type) 230. BURTAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF		ity or Tawn) (County) (State)	
OH OL OF SERVICE OF SE	REMOVAL (Specify) Right 1 7/8/67 Cedar Hill 24 FUNERAL DIRECTOR 23/PRESS tapscy	DEC DECED BY DECISTRAD.	25b REGISTRAR S SIGNATURE	
20 M 1/66	111- (WEG) 1 MINGE NOW 21 225.	DATE	0 0	



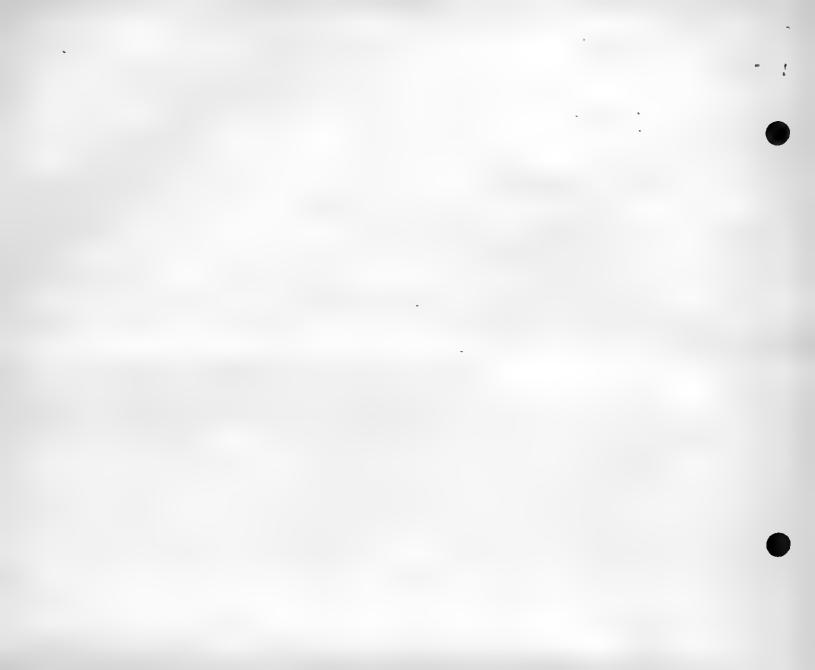
1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 @					
· · ·	1986 CERTIFICATE OF DEATH					
funeral s I and 2	PLACE OF DEATH o. COUNTY Anne Arundel 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland Maryland Anne Arundel	= el				
4 haurs aft.	b CITY OR TOWN (1 outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Glen Burnee d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 25. Md. d. STREET ADDRESS Park e. IS RESIDENCE ON A FARM?					
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and campletely filled in by the funeral remave carbon papers. Pages 1 and nony event, within 72 haurs after deat	NAME OF DECEASED (Type or print) SEX 6 COLOR OR RACE T MARRIED White WIDOWED DIVORCED DIVOR					
th certificate bing physican in then please remayal, and i	S. WAS DECEASED EVER IN U. S. ARMED FORCES? INDUSTRY INDUSTRY FIENTE (4 M) & COUNTRY? FIENTE (4 M) & COUNTRY? A MOTHER'S MAIDEN NAME TO A DEPTH ROLL TO	_ ml				
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SICIAN: The law respital or attending spital or attending serificate has been sed far use as the keaf far use far	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IS ETHINE NOTICE MEDICAL EXAMINED)	_				
	20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	last				
TO HOSPITAL Page 4 may TO FUNERAL I Greater, pag S9/1 W shauld be fil	BEMOVAL (Specify) 23b. Date Thereof BEMOVAL (Specify) 7-32-67 BAKEV; EW PARK Randalls Tewn Ballom PARKEV; EW PARK Randalls Tewn Ballom	6.				



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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Them #2c & d Film #G391 8/3/67 ph	00087
- Ala		19087 STATE OF DEATH	7.0003
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nours aft		to CNY OR TOWN (If ourside carparate limits) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If ourside carparate limits, write RURAL or write RURAL and divide equiest town) MANUE OF POSCHIAL OR HISTORY ON ALL	TILAS Riva
within 24 hours by filled in the 2000 within 72 hours		LAY HAND OF HOSPITAL OR INSTITUTION (It not in hospitar, give street address) Bay Hanor Norsing Home Bay Hahor Norsing It	ME S RESIDENCE ON A FARM? YES NO
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e executed withing and campletely fremave carban any event, with	5		UNDER I YEAR IF UNDER 24 HRS onths Days Hours Min
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ertifical physic nen ple naval, a		FATHER'S NAME / LICHAEL Chadwick 14 MOTHER'S MAIDEN NAME / HUTI	ray
te death certificate b attending physician permit. Then please ian, or remaval, and i	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of service) 16 SOCIAL SECURITY NO 17, INFORMANT C. Sharkey Magdings 2	apoles
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OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by je 3 should be detached for use as the burial-traned with the State Dept. of Health prior to burial, created with the State Dept.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. (b) FRACTURE OF HIP (LEFT, 10) JULY (c)	61) L WEEKS
The Iden r aften e has t use as	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) ARTERIOSCEROSIS, GENERAL & CEREBRAL WITH SENILITY	19. WAS AUTOPSY PERFORMED? YES NO NO
D HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending D FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta	CERTIF	20g ACC DENT WAS UNDERLYING \(\) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Part 11 of item 18.)	lipped when
ic PHY the ho of this of detach	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour arm 1.15 pm. Jul 10 1967 at work at work 1 tursin, home	(County) (State)
TENDIN TENDIN PR: Afte auld be the Sto		21. I certify that (I) (this hospital) attended the deceased from 10 July, 1967, to 2204, saw the deceased alive an 22 July 1967, and that death accurred at 1029 M, from causes and	n 19 <mark>6/, that (I) (we) las</mark> on the date stated above
OR AT be retain		Charle Min M.D ATTENDING MED DIRECTOR PHYS.	26. DATE SIGNED 24 JULY 67
PITAL I may ERAL D		22: PHYSICIAN'S NAME (TYPE) CHARLES W. KINZER M.D. 16 MURRAY AVE., ANNAI	POLIS, Mp.
TO HOSPITAL OR ATTENDING Page 4 may be retained by 8 TO FUNERAL DIRECTOR: Affer director, page 3 shauld be of shauld be filed with the State	23	PBURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR (REMATORY 23d 19EARON (City of Town) 3 PRINCE OF TOWN)	(County) / (Stote)
VR A15 (4)	1	4. FUNKRAL PURECTOR LANGE FOR STORY OF THE S	ARS SIGNATURE MAGE
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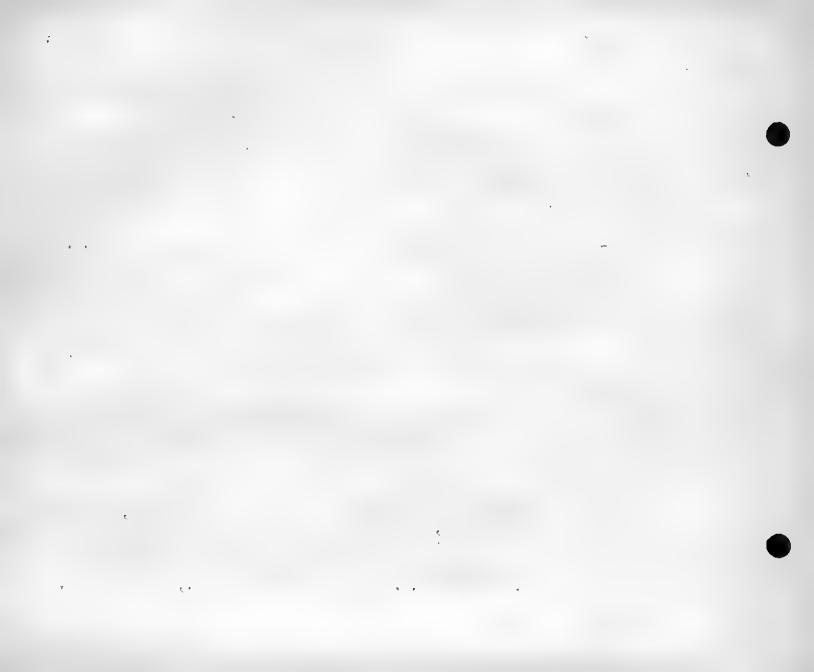


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 99088 CERTIFICATE OF DEATH . PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft b CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 (If autside corporate limits, write RURAL and give nearest town) wite RURAL and give pegrests town) 18 money on & Ξ HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e S RESIDENC Charles She ON A FARM? completely, fill NAME OF Middle DATE Doy Year DECEASED OF SHAVERS (Type or pnnt) DEATH S SEX 6. COLOR OR RACE 7 MARRIED . D **NEVER MARRIED** DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER lost b rthdoy) Months Dovs Hours and in any WIDOWED DIVORCED 10o JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retued) INDUSTRY COUNTRY? LANGE MILL USA 13 FATHER'S NAME 14. MOTHER'S MAGBEN NAME remaya 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknows) (If yes give wor or dates of service) Б 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ANSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying cause Arst PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? nas YES 2Do ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part If of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) 2Dr. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Hour a.m. foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that M (this hospital) attended the deceased from be retained and that death occurred of AM, from couses and on the date stated above sow the deceosed olive on 22o. SIGNATURE 22b DATE SIGNED **ATTENDING** M.D PHYS. director, pug-22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BUR AL CREMATION. SCALL (Specify) 0 250 REC'D BY REGISTRAR 24. EMNERAL DIRECTOR 2Sb. REGISTRAR S VR A15 (4) 25M 1/67 DATIALIG

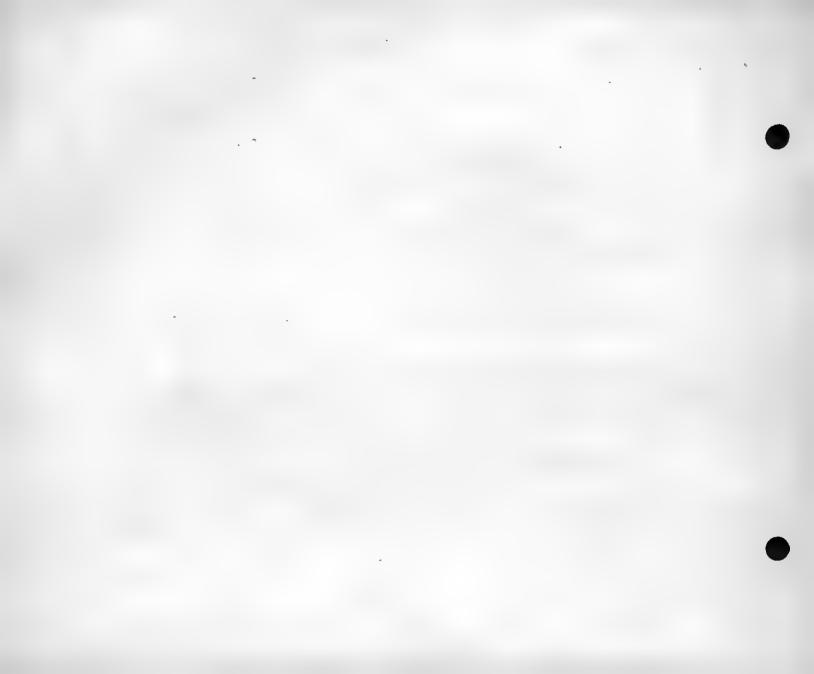


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09089 CERTIFICATE OF DEATH **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution and o. COUNTY o. STATE **b. COUNTY** Anne Arundel Anne Arundel MARY! AND b CITY OR TOWN (if auts de carparate limits, write RURAL and give nearest tawn)

Annapolis c CITY OR TOWN (If outside to parate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 RURAL - Edgewater 22 davs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM Rt-1, Box-281Z Anne Arundel General Hospital YES NAME OF Middle 4 DATE physician and campletely ten please remove carbon. Lost Manth Year DECEASED Maebella Colingwood SHITES July (Type or print) DEATH and in any event S SEX 6 COLOR OR RACE JE UNDER I YEAR 7. MARRIED TY NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 24 HRS lost birthday) Manths White Female WIDOWED DIVORCED May 13, 1900 106. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT **INDUSTRY** Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, attending phys WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN permit. (Yes, no, ar unknown) (If yes give war or dates af service burial, crematian, IB. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE signed by Page 4 may be retained by the haspital ar attending physician. 162 DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO far use as the b Health priar tab stating the underlying cause lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPS PERFORMED? NONY certificate 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20t TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) MEDI Haur 'a.m factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After July 19, 1967, that (1) (100) last 2). I certify that (I) (this terrorital) attended the deceased fram . 19 , ta saw the deceased alive on July 19 . 19 67, and that death accurred at M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED. M D DIRECTOR PHYS. 22d. ADDRESS 22t. PHYSICIAN'S NAME (Type) Linhardt. Chesapeake Ave., Annapolis, director, should be 23d LOCATION (City or Town) BUR AL. CREMATION NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify)
RE- 11A TION WESHINGTON CREMATORY Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb REG STRAR'S SIGNATUR VR A15 (4)



				MARYLAND STATE DEPA		0000
			DIVISION OF	VITAL RECORDS, 301 W. PRESTO	ON STREET, BALTIMORE, MARYLAND 21201	09031
· _	MAT	1	09091	I tem CERTIFICATE	OF DEATH	
death	الأقار		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institu	
<u> </u>	the fund ages 1 o		o. COUNTY Anne Aru	wood Maryland	o. STATE D - b. COL	T.A -
# .	ges		CITY OR TOWN (If outside corporate limits, wgite RURAL and give nearest town)	C TENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write R	JRAL and give nearest town)
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£ :	는 문학 기타	3	NAME OF First	Middle	O Post 4 DATE Mon	ntn Doy Year
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executed within 24 haurs after	signed by the attending physic, mond) completely filled in by the furbural-transit perm.† Then please remave carban papers. Pages 1 burial, crematian, or remaval, and many event, within 72 traus after	5	Mala Joseph	MARRIED NEVER MARRIED	8 DATE OF BIRTH 4-27-18 9. ACE (In years fost birthday) 4 yrs	IF JNDES PYEAR IF JNDER 24 HRS Months Days Hours Min
9	P P P P	100	USUAL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or foreign knowntry)	12 CITIZEN OF WHAT
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jiji \	<u> </u>	13.	FATHER'S NAME)	14 MOTHER'S MAIDEN MAME	. 2
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- ph	Signa Pur		rise to immediate cause (o), stating the underlying cause DUE TO	6 - 3	-0	0)
ding	the transfer		last (c)	00-C. O.D	C (D) dus	P
The lo	e has t use as alth pric	NOL	PARY II OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
ä b	or u	CERT FICATION	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port II of item 18)	7E3 HO
YSICI, aspite	certifi hed f it. of l	CAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
OR ATTENDING PHYSICIAN:	detac detac	MED C	20c TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		ICE OF INJURY (Home, form, tory, street, office bldg, etc.)	(County) (State)
NIQ A	Affe be Sta		21. I certify that (I) (this haspite		1960 19 10/10	(, 19, that (I) (we) la
TEN Ined	the the		saw the deceased alive an	-8 6 219, and tha	t death accurred at A M, fram causes	and an the date stated abov
OR AT	RECTO 3 Shirt d with		220 SHONATORE	Holun MI	D PHYS MED STAFF DIRECTOR PHYS	22b DAYE SIGNED
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.	director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22c PHYSICIANS NAME (Type) Rober	- R. HAHW	22d ADDRESS BOX 73 Se	ho suller
0SP	UNE rotar	23	BURIAL CREMATION, 236 DATE THEREO	F 23c NAME OF CEMETERY OR	CREMATORY / 23d. LOCATION (City or T	own) (County) (State)
9 H	## # # # # # # # # # # # # # # # # # #	B	REMOVAL (Specify) 7-11-0	7 TRINITY MU	urch (emotory Coten ton	md.
	A15 (4)	2	FUNERAL DIRECTOR Rober	of flura ADDRESS	und have JUL 12 1967	filiarles Judge
	A		or miner mence	The transfer		V V



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09092 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, il institution. Residence before admission) h. COUNTY Anne Arundel MARYLAND Marvland c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Davidsonville dav d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Covington Farm YES KNO 4. DATE Lost Dov Year OF DEATH July 22. Joseph SNODGRASS 19 67 Lester 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthday) April 19.'14 Cauc. WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or largin country) 12 CIT ZEN OF WHAT COUNTRY? INDUSTRY Rose Hill, Virginia Plastics 14. MOTHER'S MAIDEN NAME

INTERVAL BETWEEN

ONSET AND DEATH

1 year

WAS AUTOPSY PERFORMED?

(County)

NO XX

(Stote)

PLACE OF DEATH o. COUNTY Anne Arundel
b CITY OR TOWN (Il outs de corporate limits,
write RURAL and give nearest town) and completely filled in by the fur remayer carban papers. Pages 1 in sayevent, within 72 haurs after Annapolis I day
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Anne Arindel General Hosp. 3. NAME OF DECEASED (Type or pnnt) 6. COLOR OR RACE Male 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Die worker 13. FATHER S NAME SNOTGRASS James Snodgrass 15 WAS DECEASED EVER IN ILS, ARMED FORCES? 230-14-0159 Son, James V. Snodgrass Md. (Yes, no, or unknown) (If yes give wor or dates of service No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I DEATH WAS CAUSED BY: Inanition IMMEDIATE CAUSE (o). DUE TO Canditians, if any, which gove Carcinoma (oat cell type) of lung rise to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature al miury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year lactory, street, office bldg., etc.) Not While of work at work 220. SIGNATURE M.D. DIRECTOR PHYS

21. I certify that (I) (this haspital) attended the deceased from June 13, 1967, to July 22, 1967, that (I) (we) last saw the deceased alive on July 22 1967, and that death accurred at 8 - 20M, fram causes and an the date stated above 22b DATE SIGNED July 23.1967 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 16 Murray Av., Annapolis, Md. Charles W. Kinzer, M. D. 230. BURIAL, CREMATION, BEMOVAL (Specify) BURIAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (State) CEM. LEE COUNTY

ANNA. Md.

250. REC'D BY REGISTRAR

AMIL'TON

24 FUNERAL DIRECTOR

DIRECTOR: After this certificate

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

attending physician permit. Then please

signed by the burial-transit p

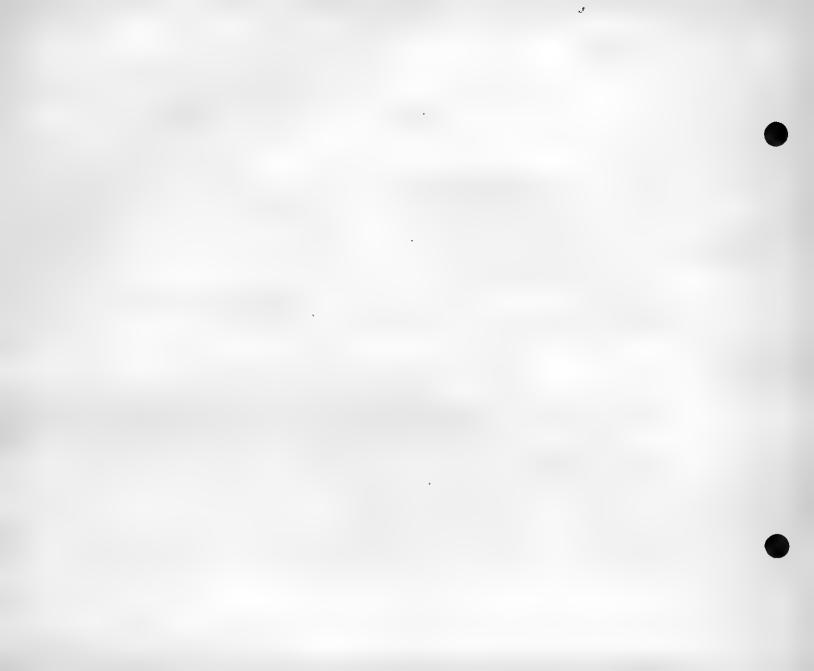
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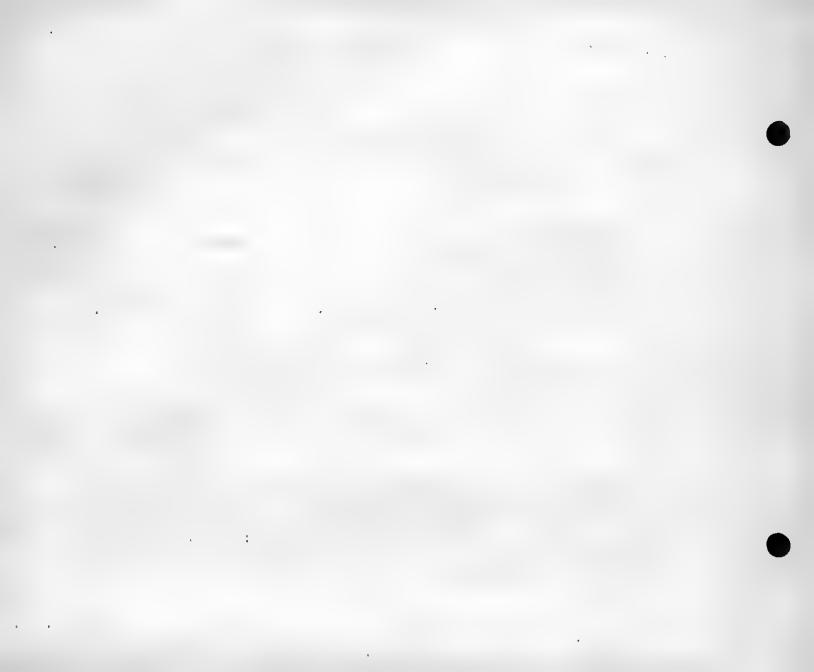
burial, crematian,

e e



MARYLAND STATE DEPARTMENT OF HEALTH 09093 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 99093 CERTIFICATE OF DEATH and 2 death. The faw requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY b. COUNTY Anne Arundel Maryland Anne Arundel remove carban papers. Pages 1 n any event oxbin 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Annapolis c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .⊆ d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled i Anne Arundel General Hospital 97 West Street YES NO X NAME OF First Middle 4 DATE Month Doy Year attending physician and campletely sermit. Then please remove carban DECEASED OF DEATH Bessle SNYDER July 67 16 (Type or print) 19 SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS 7 MARRIED DATE OF BIRTH **NEVER MARRIED** last birthday) Months Days Hours signed by the attending physician and co burial-transit permit. Then please remo burial, crematian, or remaval, and in any Female white WIDOWED X DIVORCED October 1898 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Lithuania X050000553 OWN home XXXXX 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME unknown unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO 8709 Notette Drive (Yes, no, or unknown) (If yes give wor or dotes of service) 216-46-0156T Mrs. Jack Lucas Alexandria, Va. CAUSE OF DEATH (Enter only one couse pertime INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Canditians, if any, which gave nse to immediate couse (o), DUE TO stoting the underlying cause After this certificate has been be detached for use as the State Dept. of Health prior to last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? NO ATTENDING PHYSICIAN: 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW MUURY OCCURRED, (Enter notyte of nivry in Port I or Port II of item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20t TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this Hour om factory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the and that death accurred at saw the deceased alive an M, from causes and an the date stated above. SIGNATURE 226 DATE SIGNED ATTENDING M.D PHYS DIRECTOR PHYS ADDRESS 22c PHYSICIAN S NAME (Type) OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 236. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BREMOVAL (Specify) July 18,1967 Kneseth Israel Annapolis Anne ami 250 RECD BY REGISTRAR REGISTRAR S S GNATUE Hopping VR A15 (4) 25M 1/67 HOPPING FUNERAL HOME Anna olis



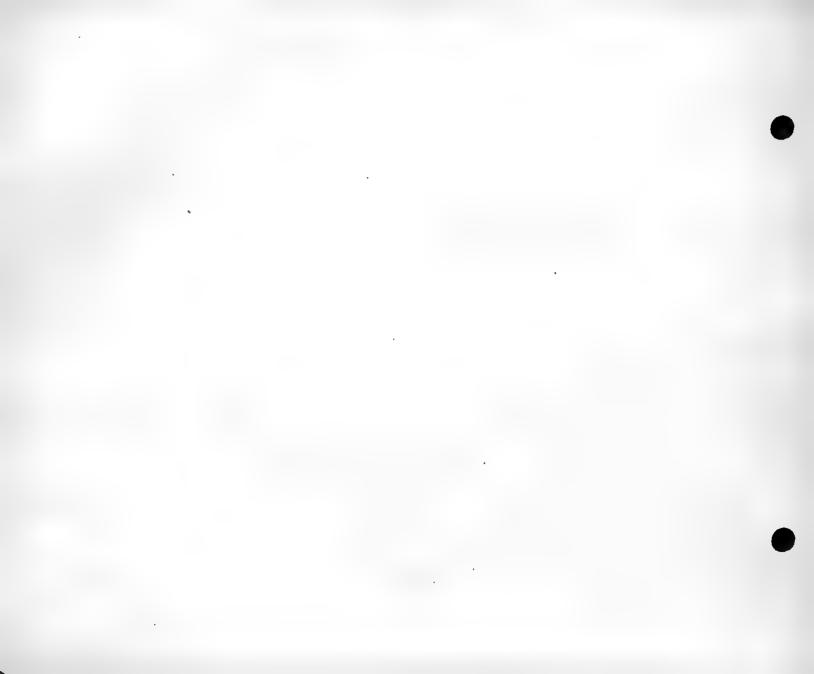
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if Institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel Md_{\bullet} Anne Lrundel MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) Baltimore Baltimore d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? 206 Haile Ave. YES NO X papers. in 72 ho 206 Haile Avenue complete 3. NAME OF Last DATE Middle Month Year DECEASED Jake Emmanuel (Type or print) Sowers DEATH July 19 67 and cor withi 6 COLOR OR RACE 7, MARRIED A NEVER MARRIED SEX 8 DATE OF BIRTH 9. AGE (In years | IF UNDER) YEAR | IF UNDER 24 HRS. iast birthday) Months Davs Male Jan.27.1914 WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHP ACE (County & State, or toreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S.A. Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ding Jake E.Sowers Rose A. Tutwiler 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) [If yes give wer or dates of service]: 21225 Mrs.Margaret B.Sewers 206 Hails Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET/AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Condions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART H. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 140]. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INTURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work D.m. 19 . .., lo.. . 21. I certify that (I) (this hospital) attended the deceased from., f., saw the deceased alpe on and that death occured at Ik.: MM, from the causes and on the date stated above SIGNATURE 22b. DATE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. leath. Page FUNER! lirector, page e filed with ADDRESS CREMATORY 23d. LOCATION ICH 23a, BURIAL, CREMATION, 23b DATE THEREO lown or county の音器 REMOVAL (Specify) Md . Elkridge Meadowridge 24 FUNERAL DIRECTOR'S SIGNATURE 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) ISM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

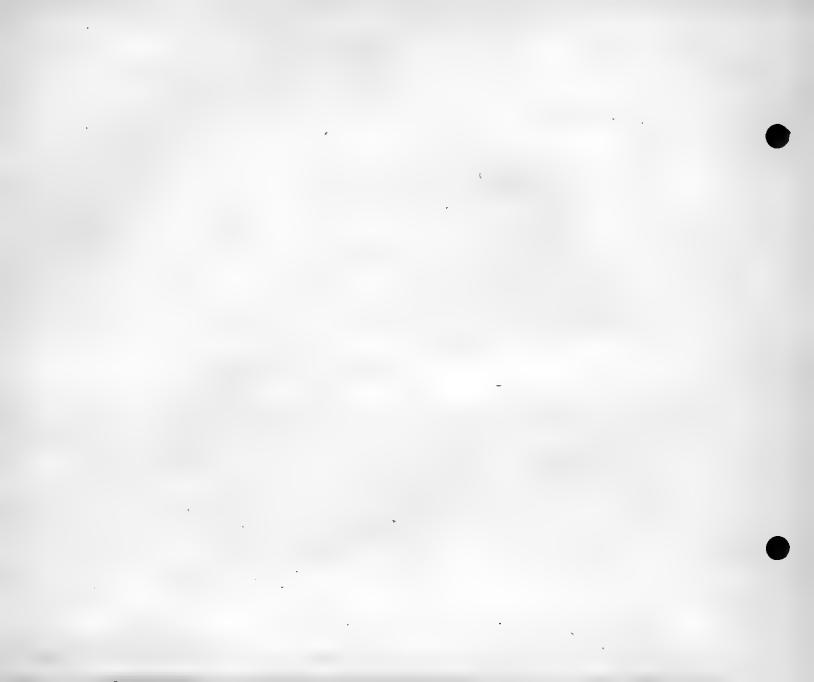


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09095 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a. COUNTY COUNTY b CITY OR TOWN (If putside corporate limits, c LENGTH OF STAY IN 16 CIY ORITOWN (figurate carparate mits, write RURAL and give nearest town) Depart UTION (finat in haspita, give street address) haurs ON A FARM ate l NO X after Jeath NAME OF Middle DATE Year DECEASED (Type or print) DEATH 19 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED In years last birthday) Manths Davs W DOWED DIVORCED Office and 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR Kitate at fareign count 12 CITIZEN OF WHAT during my working life, even if wired) INDUSTRY COUNTRY? 14. MOTHER'S MA DEN NAME and 15 WAS DECEASED EVER IN L. STARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, na, ar unknawn) (If yes give was ar dates af service) remayal. 1B CAUSE OF DEATH (Enter on y one cause per line jar-ja), PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) certificate should crematian, DUE TO Conditions, Lany, which gave r se ta immediate cause (a) DUE TO stoting the under ying cause te, writing the farwarded t o lost WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) NO 0 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) Health or its designated agent, priar PRIMARY ar CONTR BUT NG CAUSE OF DEATH 20d IN.LRY OCCURRED 20e PLACE OF NJURY (Hame, farm, 20c TIME OF NURY Month, Day, Year 20f (City or town) (County) (State) Haur a.m factory, street, office bida, etc.) FUNERAL DIRECTOR: Page at wark L 21 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes the funeral directar death resulted from Suicide Homicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, as county) NAME (Type) QCATION (C ty ar Tawn) 50 FUNERAL DIRECTOR 25g RECD BY REGISTRAR VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09098 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY **b** COUNTY MARYLAND y the Pages completely filled in by the nove corbon papers Pages by event, within 72 hours aff c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ATY OR TOWN (If outside corporate limits, te RURAL and give nearest NAME OF WOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? NO X NAME OF DATE Month First Last Doy Year DECEASED 0F POWNSENE JULY (Type or print) 19 6 DEATH IF UNDER TYEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE n years NEVER MARRIED теполе Mours and in ony WIDOWED DIVORCED puo 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician o during mast af working if e, even if tetired COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME signed by the ottending physi buriol-transit permit. Them pl buriol, cremotian, or removol, ottending physoemit. The 17 INFORMANI 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g), ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' be retained by the haspital or attending physiciom DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse be detached for use os the State Dept. af Health prior to TO FUNERAL DIRECTOR: After this certificate has been (d) WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) CERTIFICATION ATTENDING PHYSICIAN: 200 ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part it of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) factory, street office bldg. etc.) Hour o.m. Not While ot work L ot work 21. I certify that (I) (this haspital) attended the deceased fram director, page 3 should should be filed with the and that death accurred at 1 saw the deceased aliveran from causes and an the date stated above 22o SIGNATURE 22b DATE SIGNED "M.D. 220 PAYSICIAN ADDRESS Page 4 moy 23c NAME OF CEMETERY OR CREMATORY 23d 23o. BURIAL, CREMATION 23b DATE THEREOF LOCATION (City or Town) (County) (Stote) 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUMERAL DIRECTOR 2Sb. VR A15 (4) 25M 1/67



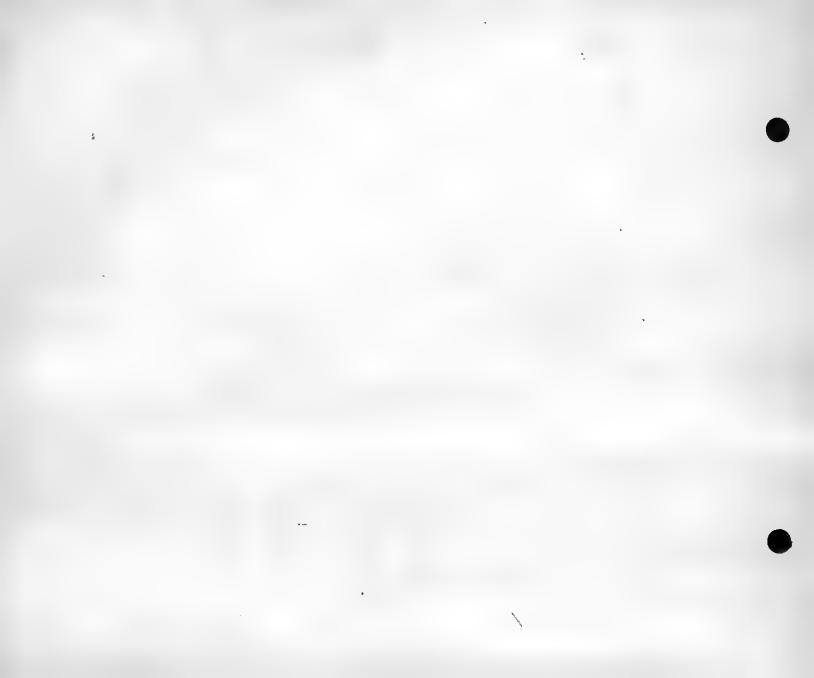
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39098 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR S PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived if institution Residence before admission) o COUNTY b COUNTY ANNE ARUNDEL ANNE ARUNDEL Maryland Deportment of b CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GAETI TITTERXXXXXXXXXXXX d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, I director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm NORTH ARUNDEL HOSPITAL Dairy Farm Road YES NO [the Stor MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death 3 NAME OF Middle DATE Month Doy DECEASED **JEFFERY** BIRNER July. 26, 19 67 M. (Type or print) DEATH S. SEX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BRTH 9 AGE (In years IF UNDER 1 YEAR 7 MARRIED last birthdoy) Male White August 9, 1965 event within 72 haurs after death WIDOWED DIVORCED 11 BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b KINO OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COTH LEAS INDUSTRY Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Harry B. Turner Ann Kadingo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. or unknown) (If yes give wor or dotes of service) Melvin Turner, Gambrills, Maryland NONE 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c))
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Acute tracheobronchitis and bronchiolitis DUE TO any Conditions, if only, which gove (b) rise to immediate couse (a), . = DUE TO stoting the underlying couse pup fast OS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) cremation, ar remayal, 19 WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO 200 EXTERNAL CAUSE WAS 20b OESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 8) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page Not While of work ot work TO FUNERAL DIRECTOR...
Health prior to burial, or 21. I certify that I took charge of the remains described above, held on Autopsy [x]. Inspection [Inquiry . and in my opinion Notural couses X Surcide 1. Undetermined monner death resulted from: Accident 1. Hom cide the funeral director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X **SIGNATURE** DEPUTY MEDICAL EXAMINER July 27, 1967 **EXAMINER'S** Charles S. Springate, M.D. NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) Burial (Spec fy) Glen Haven Memorial Pk. Glen Burnie, Maryland 29 July 67 24 FUNERAL DIRECTOR R. V. Singleton ADDRESS VR A15ME (5) 6M 1/67 Singleton Funeral Home/Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

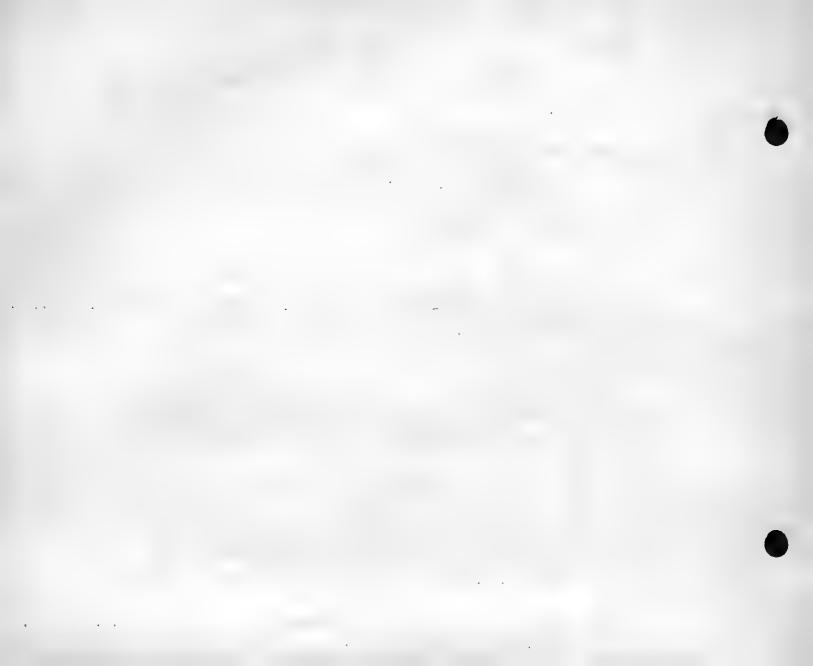
Items 18&21 Film 392

M. TURNER

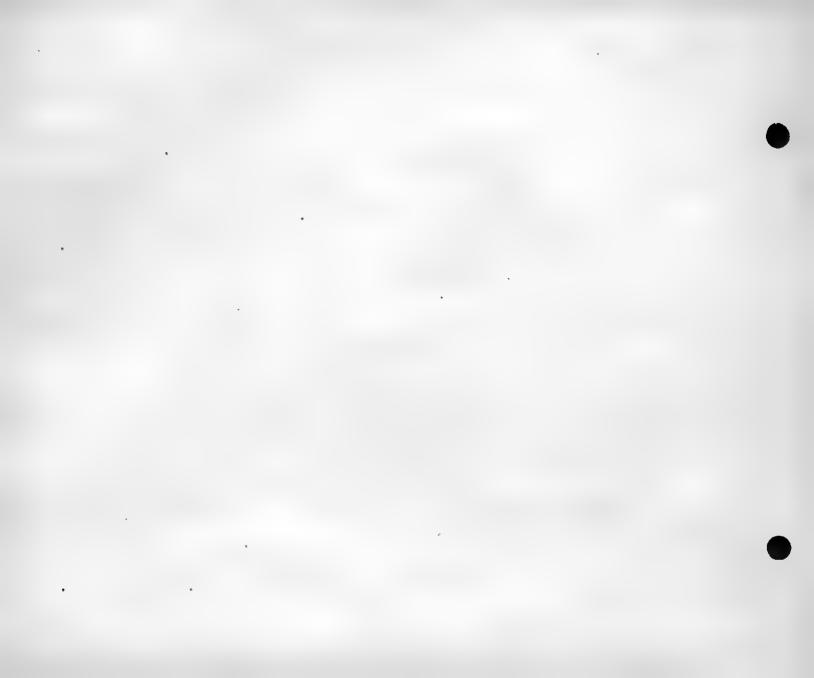
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09099 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Regidence before admission) PLACE OF DEATH a. COUNTY a. STATE delay is and 3 ta P.M.3. Page MARYLAND Maryland Anne Arundel b CITY OR TOWN (I autside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park d NAME OF HOSPITAL OR INSTITUTION (if polyin hospitot, give street oddress, d. STREET ADDRESS e IS RESIDENCE along with form ON A FARM? Give Pages Rt. 2 Box 628 24 hours ofter death 3. NAME OF First 4. DATE Month DECEASED OF (Type or pant) MARY DEATH KATHYLEEN UNDERWOOD July S SEX 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years F UNDER 1 YEAR 1E UNDER 24 HRS NEVER MARRIED ST lost birthdoy) Months Dovs in Item 18. WIDOWED DIVORCED 20 Office White Female 10a US_ALOCESPATION (Give kind at wark dane during most obviorking the even if refree 11 BIRTHPLACE (State or foreign) 12 C TIZEN OF WHAT 10b. KIND OF BUSINESS O'R COUNTRY? Chief Medical Examiner's pencel 13 FATHERS NAM 14. MOTHER'S MAIDEN NAME any event within 72 15 WAS DECLASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 124 INFORMAN executed (If yes give war at dates of service pending" (Yes, no. #r 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN bunal-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Gunshot wound in the chest IMMEDIATE CAUSE (o). word auld DUE TO the Conditions, if any, which gave writing the rise to immediate couse (a). 2 = DUE TO This certificate stating the underlying couse be farwarded and remaval, 19 WAS AUTOPSY PERFORMED? PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION 200 EXTERNAL CAUSE WAS PRIMARY LA OF CONTRIBUTING 206 DESCRIBE HOW MURY OCCURRED (Enter noture of mory in Part I or Port 1 of item 18.) 3 shauld crematian, ar Shot in chest from over 12" range with .25 Caliber pistol CAUSE OF DEATH 65 MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form 20f (City or town) (County) Not While W foctory, street, affice b dg etc.) Hour 9-DC While may be retained for your FUNERAL DIRECTOR: Page Severna Park Anne Arundel. pmJuly of work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry I, ond in my opinion deoth resulted from. Noturol couses Indetermined monner XX Accident Surcide Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER **FXAMINER'S** July 8, 1967 Address (Street city, town, or county) NAME (Type) Russell S. Fisher, M.D. 230 BURIAL REMATION. 0 VR A 15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09:00 CERTIFICATE OF DEATH by the funeral after death PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o STATE b COUNTY ANNE ARUNDEL MARYLAND ANNE ARUNDEL MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) ANNAPOLIS ANNAPOLIS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 306 DEWEY DRIVE YES NO X NAVAL HOSPITAL NAME OF Middle 4. DATE First Lost Month Year DECEASED JULY 19 67 VALLILLO 26 JOHN Μ. and in any event, (Type or print) DEATH B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdov) Months 18 APR 1917 CAUC. MALE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 Cit ZEN OF WHAT physician on please during most of working life, even if retired) S GOVIL COUNTRY? Elizabeth. New Jersey engineer - electrical USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remayal, Asunda Figuela Michael Vallille 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) LILLIAN S. VALLILLO, 306 DEWEY DR., ANNA., MD. 144-015-235 Yes IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH MYOCARDIAL INFARCTION WITH CARDIAC ARREST IMMEDIATE CAUSE (o). be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave 3 (b) rise to immediate cause (o), DUE TO stating the underlying couse this certificate has been be detached for use as the State Dept. af Health priar ta (q) 19 WAS AUTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES DO NO 20g ACCIDENT WAS JINDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) OR CONTRIBUTING CITICALISE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour om factory, street, office bldg, etc.) Not While OR ATTENDING at work **DIRECTOR:** After , 19___, that (I) (we) lus 21. 1 certify that (1) (this haspital) attended the deceased fram. TO FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the St and that death occurred at 11:5 M. from causes and on the date stated above saw the deceased ofive an 220. SIGNATURE 22b. DATE SIGNED MED DIRECTOR X 22d ADDRESS USNH, ANNAPOLIS, MARYLAND 22c. PHYSICIAN'S O HOSPITAL BRICKEL LT MC USNR NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) . Mary's Cemetery 25b. REGISTRAR'S SIGNATURE annanalis REC'D BY REGISTRAR VR A15 (4) 25M 1/67 5 HOPPING FUNERAL HOME, WEST ST. KNNA., MD. 196/



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39101 09130 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel carbain papers. Pages 1 ent. within 72 hours after Marvland Anne Arundel MARYLAND b CITY OR TOWN (If autside corporate mits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) Annanolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? rent within 7 106 Market St. Anne Arundel General Hospital YES NO IX 3. NAME OF First Middle 4 DATE Last. Month Year Dov campletely DECEASED (Type or print) VIGILANTE Evelyn 67 July DEATH 19 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH remove, lost birthdoy) Months White WIDOWED Female pub 100 JSUAL OCCUPATION (Give kind of work done during groat of working life, even if resked) 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT & State, or foreign country) COUNTRY Maryland **EATHER S NAME** 14 . MOTHER'S MAIDEN NAME burial, cremation, ar remayal, attending phys 16 SOCIAL SECURITY NO 17 INFORMAN (Yes, no, or unknown) (If yes give war ar dates of service 18 CAUSE OF OEATH (Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH Matastatic / RRCINSMA by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise ta immediate couse (o). DHE TO stoting the underlying cause oruneral vineriuk: After this certificate has been directar, page 3 sealed be detached for use as the shauld be filed with the State Dept. of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL O SEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of neury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INSURY, Month. Dov. Year 20d INJURY OCCURRED (City or town) (County) (State) Haur 'a m. Not While factory, street, office bldg., etc.) 21. I certify that (I) (this bound) attended the deceased fram . L. C. 19<u>67</u>, to <u>July 24., 19<u>67</u> that (1) (vec) last</u> be retained 19 67, and that death accurred at M, from causes and an the date stated above. saw the deceased alive an ... In ly 24. 22a. SIGNATURE 22b. OATE S GNEO STAFF DIRECTOR M.D. PHYS ADDRESS 22c. PHYSICIAN'S NAME (Type) 121 Cathedral St., Annapolis, Md. NAME OF CEMERRY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF (State) FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE



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24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1 =	PLACE OF DEATH
er d		a. STATE b. COUNTY
Pages 1		D. CITY OR TOWN (if outside corporate limits
in by the Pages	(1)	write RURAL and give nearest town
24 ho filled i papers.	4	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . G. IS RESIDENCE ON A FARM?
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within letely rrbon t, with	3.	DECEASED OF OF
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The law requires that the death certificate be executed within or attending physician. Sate has been signed by the attending physician and completely use as the burial-transit permit. Then please ichnore carbon a saith prior to burial, cremation, or removal, another any event, with	1	FATHER'S NAME FOR DOCUMENT NAME OF THE STATE OF THE STA
cer andii t. T	1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
leath atte ermi on, o	- [(es, no, or, unkown) (If yes give war or dates of service) 2170/434 Helew L. Vennellein - Olive
the d		18. CAUSE OF DEATH [Enter only one cause per into top (a), (b) and (c).] t
at the sign. Sid by transtrans creater		PART I. DEATH WAS CAUSED BY: (A) () IMMEDIATE CAUSE (a) CONCOLUDE HEAD FOR THE DEATH
hysic hysical signe rial- rrial,		Cenditions, If any, which \ DUE TO C. C. D. C. D
e bu		gave rise to immediate
* red andire s be rior 1		cause (a), stating the underlying cause last. (c)
e lav atte e ha se a st pu	2 IS	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED?
icat icat icat icat	FICA	YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be led with the State Dept. of Health prior to burial, or	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (If EiTHER, NOTIFY MEDICAL EXAMINER)
the Parks this detaction Del	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. 20f. (City or town) (County) (State)
State of the state		Hour a.m. While Not While p.m. 19 at work at work
OR ATTENDING be retained by DIRECTOR: After ge 3 should be ed with the Staf		21. I certify that (I) (this hospital) attended the deceased from 1965, 19, to 1961, 19, that (I) (we) last
is so it it		saw the deceased alive on 19, and that death occurred at 77 M, from the causes and on the date stated above.
be 3		ATTENDING WED. STAFF 7-22-()
TAL DAR Page		22c. PHYS. CIAN'S NAME (Type) D & COLOR D HAY 22d ADDRESS
SPII) 9 4 r NER Stor,	/	RAME (Type) Robert R. HAHN Severna Golf me
TO HOSPITAL C Page 4 may b TO FUNERAL Di director, pag should be lie	23	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town of county) (Shate)
	2	FUNERAL DIRECTOR ADDRESS 1 258_REC'D BY REGISTRAR'S SIGNATURE
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20M 1/65 A	7+	ROBERT S. BARRANCO



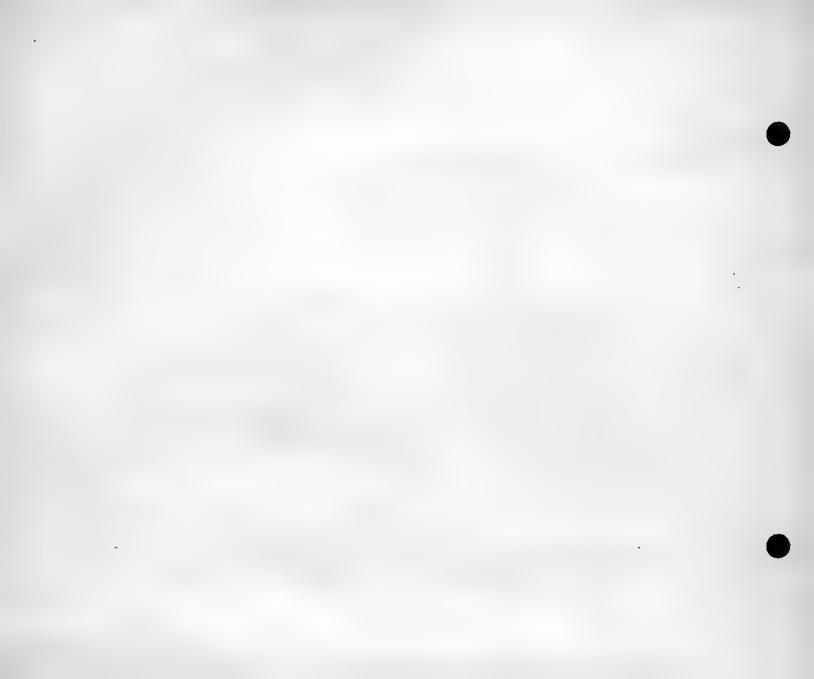
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39163 09102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o COUNTY o STATE 6 COUNTY Page, 9 MARYLAND Department c LENGTH OF STAY IN 1b b CITY OR TOWN (If autside carparate limits. c CITY OR TOWN (If autside corparate limits, write RURAL and a ve nearest town) P.M.3. RURAL and give negrest town) IS RES DENCE a NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS d "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office along with form he State be executed within 24 hours after death 3 NAME OF Middle DATE Last Manth DECEASED OF 6 AWSON WARE (Type or print) DEATH 10 5 SEX JE UNDER 1 YEAR R DATE OF RIGIH AGE (In years IF UNDER 24 HRS 6 COLOR OR RA 7 MARR ED NEVER MARRIED last birthday) Manths Days Hours W DOWED DIVORCED and 2 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of working life, even it ge INDUSTRY 13 FATHERS NAME 14 MOTHER'S MAIDEN NAME Fie WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO INEERMAN' (If yes give war andates of service) (Yes, no. or unknown) event within INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) This certificate should DUE TO Conditions, if any, which gave te, writing the forwarded to t rise to immediate couse (a). DUE TO stating the underlying couse ō. last. 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) removal, NO T 4 should be 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part I of tem 1B.) Ь CAUSE OF DEATH 20x TIME OF NJURY Month, Day, Year 204 NJURY OCCURRED 20e PLACE OF NJURY (Home, form (City or tawn) (Caunty) (State) Haur a.m. Not While factory street office bida letch may be retained far your FUNERAL DIRECTOR: Page at work at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinion death resulted from Natural causes Accident [Suicide Hom cide Undetermined manner CHIFF MEDICAL FXAM NER prior to l ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAM NER SIGNATURE the funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** dealth p Address (Street city town, or county) NAME (Type) OF CEMETERY OF CREMATO 23o. BURIAL CREMATION. οΞ Mull 25b 250 REC'D BY REGISTRAR **RUGISTRAR'S SIGNATU** 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/67



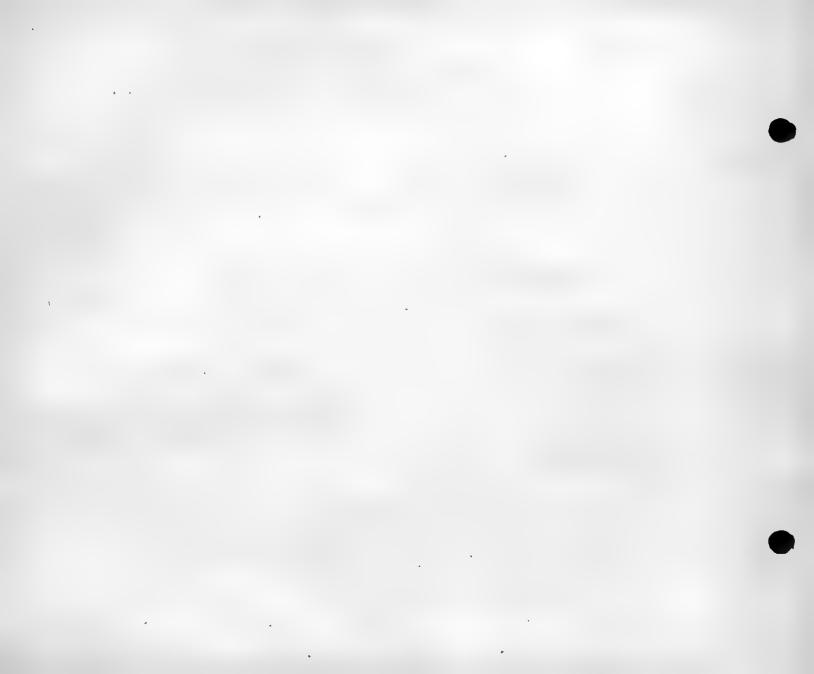
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 09108 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY, MARYLAND b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give pearest (own) 0 X 5-0 6 d NAME OF HOSPITA not in hospital give street address) d. STREET ADMRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Z NAME OF 4. DATE Middle Month Day Yeor DECEASED OF DEATH ges (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 9. AGE (In years MARRIED NEVER MARRIED last birthdoy) Months Doys Hours DIVORCED | WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Dame STOREKELDER 13. FATHER'S NAME IS. WAS DECEASED EVER IN S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address INTERVAL BETWEEN CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c) ONSELAND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o min DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO IL 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e, PLACE OF INJURY (Home, form, 20d INJURY OCCURRED 20f. (City or lown) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work at wark 21. I certify that (1) (this hospital) attended the deceased from... and that death occurred of A the from the causes and on the date stated above. saw the deceosed ofive 220 SIGNATURE 225 DATE SIGNED M.D. PHYS DIRECTOR | STAFF 220 PHYSICIAN'S 22d ADDRESS NAME (Type) FUNER 23g BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) page the St REMOVAL (Specify) Glen Haven Memorial Burial Glen Burnie Aug. 67 O 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a RECID-BY REGISTRAR Kirkley Funeral Home, Glen Burnie, Md. 1SM 9759



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09104 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY o STATE P COUNTA MARYLAND c CUX OR TOWN (If outside corporate limits, write RURAL and give nearest town) b_CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give pearest town) WAPOLIS d NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? NO YES NAME OF carbon wil Middle DATE OF Doy ABOL DECEASED signed by the ottending physicion and complete burial-transit permit. Then please remave carb burial, cremotion, or removal, and in ony event, DEATH 19 (Type or print) 6. COLOR OR RACE 9. AGE (In years IF UNDER I YEAR 7 MARRIED NEVER MARRIED pirthday) Hours WIDOWED DIVORCED 100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16 SOCIAL SECURITY NO (Yes, no_or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line fqs.(o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH be retained by the hospitol or ottending physicion. 4201 DUE TO Conditions, if ony, which gave rise to immediate cause (o), DUE TO stoting the underlying couse the TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1401 WAS AUTOPSY PERFORMED? NO a 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 8 20e PLACE OF INJURY (Home, form TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or fown) (County) (Stote) MED foctory, street, office bldg , etc.) Hour om. Not While ATTENDING of work L ot work 21. I certify that (1) (this haspital) attended the desegged fram saw the deceased alive an and that death accurred at an the date stated above 22b. DATE SIGNED SIGNATURE ATTENDING M.D PHYSICIAN ADDRESS Poge 4 moy NAME (Type) 23b DATE THEREOF NAME OF CEMPTERY OR CREMATORY BURIAL, CREMATION 230 23d 1.OCATION (City or Town) (Stote) (County) FUNERAL DIRECTOR **ADDRESS** REGISTRAR S SIGNATUR VR A15 (4) 25M 1/67 8

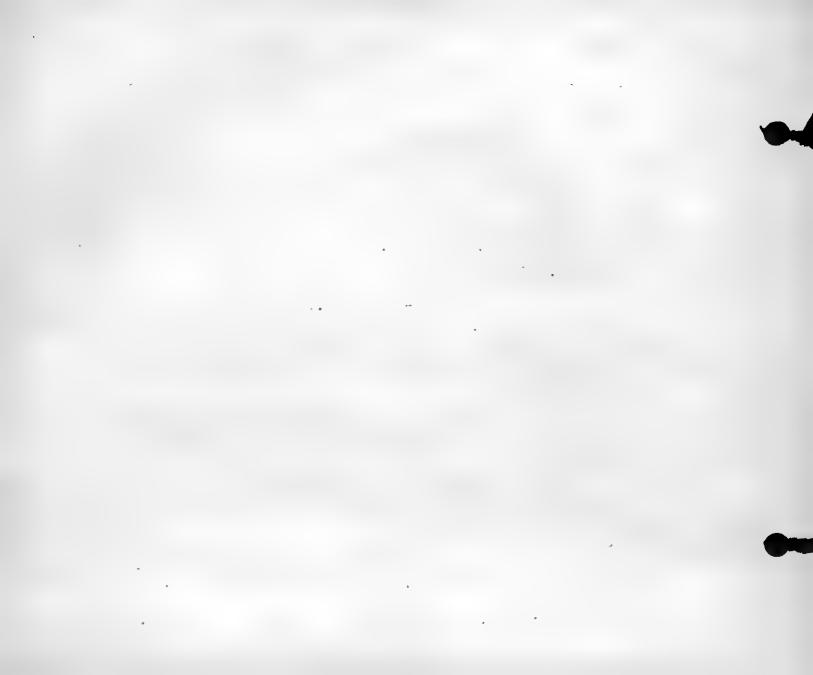


MARYLAND STATE DEPARTMENT OF HEALTH

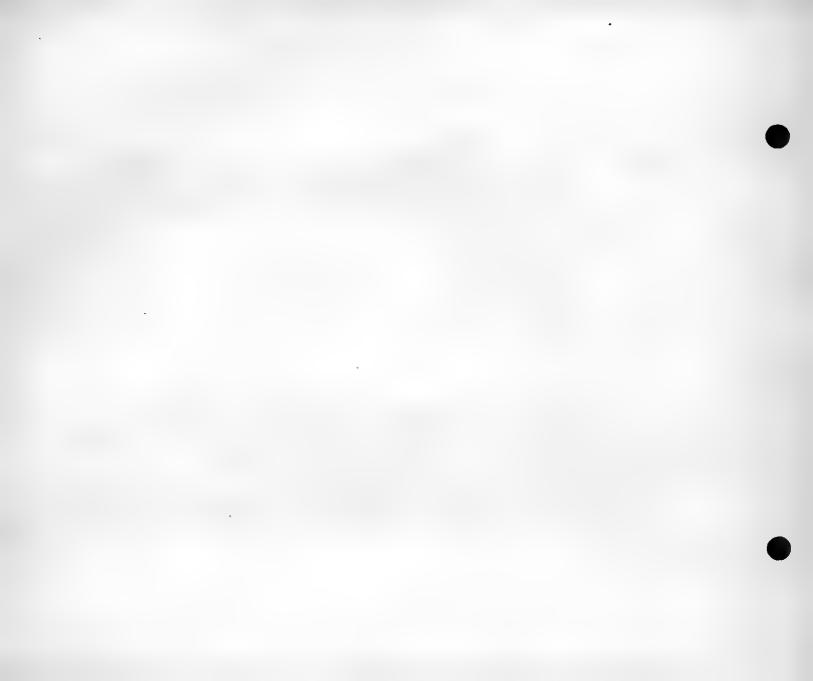


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09107 CERTIFICATE OF DEATH 39106 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel

b CITY OR TOWN (If autside corporate imits, write RURAL and give nearest tawn) MARYLAND Anne Arundel Maryland c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b Ardold Rural- Arnold Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? Box 394 Anne Arundel General Hospital YES NO [OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF 4 DATE Month Year DECEASED OF DEATH complete Type or print) Mitchell WILLEN JULY 19 67 Hampton 5 SEX 9 AGE (n years IF UNDER 24 HRS 6. COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH lost b rthday) Months HQ UZS WIDOWED DIVORCED August 20,1897 Male White 10a LSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT physician a nen please during most of working life, even if ret red) INDUSTRY Staff Accountant Ret Virginia C & P Tel. 14 MOTHER'S MAIDEN NAME remaya Dandridge J. Willen Etta Emma Rock IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 100 2dnd Ave. (Yes, no, or unknown) (If yes give wor or dates of service) 0 212-10-0808 Mr. Robert H. Willen Brooklyn Park 21225 1B CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse 19. WAS AUTOPS)
PERFORMED? this certificate has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART, I(a) 20a. MCCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II witem 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Day, Year (City or town) (State) (County) Hauria.m. factory, street, affice bldg., etc.) Nat While at wark 21. I certify that (I) (this haspital) attended the deceased fram - 122, that (1) (we) as TO FUNERAL DIRECTOR: saw the deceased alive an and that death accurred at M, fram causes and an the date stated above 220 SIGNATUSE 22b DATE SIGNED ATTENDING STAFF director, page 3 shauld be filled v M.D PHYS 22c PHYSIDIAN'S NAME (Type) Frank M. Shipley 121 Cathedral St 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Druid Ridge Cemetery July 11 Pikesville. Md. Balto. 256 REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Patapsco Ave. Baltimore, Md DATE

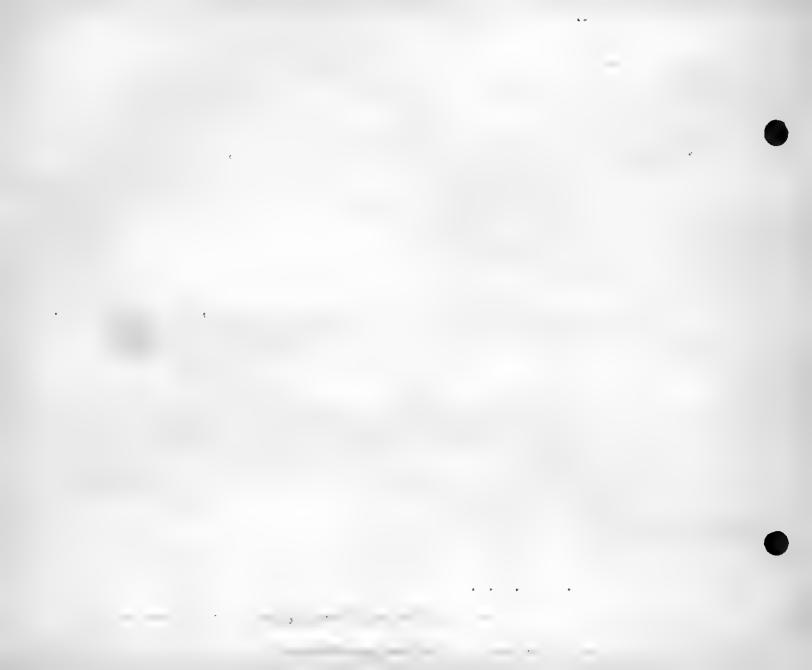


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09108 U01U2 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased liver) if institution. Residence before admission) p. COUNTY o. STATE **b.** COUNTY papers. Pages⁴1 in 72 hours after MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 CLEX OR TOWN (IF Inte RURAL and give nearest town! write RURAL and give heatest town) filled in by d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENC ON A FARM? YES NO ve karbon NAME OF Middle First 4. DATE Doy Year DECEASED OF DEATH (Type or pant) 9. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS 6 FOLDR OR RACE 7. MARRIED NEVER MARRIED lost brithdoy) Months Dovs Hours WIDOWED DIVORCED and in any rem 100 SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life even if returned) INDUSTRY 1 Dw FATHER S MOTHER S MAIDE burial, cremation, ar remayal, attending p permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMAÑ (Yes, no, or unknown) (If yes give war or dates of service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)
PART 1. DEATH WAS CAUSED BY COUSE (o) signed by the burial-transit ONSET AND DEATH attending physician. **DUE TO** Conditions, if any, which gove) rise to immediate couse (a). DUE TO stoting the underlying couse Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate has been the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO PHYSICIAN: ģ 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of miury in Port I or Port II of item 18) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INITIRY OCCURRED 20c TIME OF INJRY Month, Day, Year 20e PLACE OF NJURY (Home form. (City or fown) (County) (Stote) AED. Hour om While ATTENDING at work L of work 21 I certify that (1) (this haspital) attended the deceased from , page 3 shauld be filed with the saw the dereased alive an and that death accurred M, from couses and an the date stated above 220. SIGNATURE 22b DATE SIGNED ATTENDING STAFF M D DIRECTOR ZZc. PHYSICIAN'S NAME (Type) 22d ADDRESS Page 4 may directar, shauld b DATE THEREOI BURIAL, CREMATION-23b. NAME OF CEMETERY OR CREMATORY (Stote) 250. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

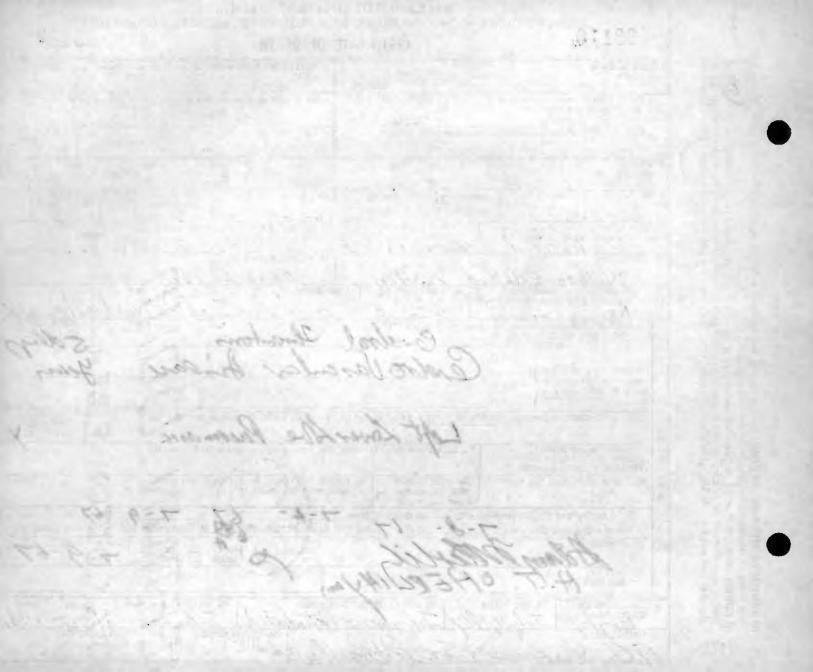


RYLAND STATE DEPARTMENT OF HEALTH





1		Division of STATISTICAL R	MARYLAND STATE DEP RESEARCH AND RECORDS, 301			ND 21201
		09110	CERTIFICATE		ALIMONE, MANTEA	09119
		PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE Maryland	b. COUNTY	
	Ŀ	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If putside co		
	0	Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	6 days	d. STREET ADDRESS	1	e. IS RESIDENCE
1	56	North Arundel Hospit	tal	440 Shipl	ey Road	ON A FARM?
	[NAME OF First DECEASED (Type or print) William	Middle	Lost 4. D.		Day Year 9 1967
	S. S	SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HR Manths Days Hours Min
	10a. durii	rale wille	Db. KIND OF BUSINESS OR INDUSTRY	1-22-93 11. BIRTHPLACE (County & State)		12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	1 12/14	14. MOTHER'S MAIDEN NAME	· /	U.S.
		WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give wor or dates of service)		Charts Mrs 7	Address	Linthicumh
		18. CAUSE OF DEATH (Enter only one cause per fit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)	Ordro Vare	Thousand In	plane	INTERVAL BETWEEN ONSET AND DEATH STORY GENERAL DEATH
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO THE	TE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20₀. ACCIDENT WAS UNDERLYING ☐ 20 OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCURRED. (inter noture of injury in Port I o	or Port II of item 18.)	
	MEDICAL	20c, TIME OF INJURY Month, Day, Year Haur o.m.		OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (Slote
		21. I certify that (I) (this haspital) as saw the deceased alive an	attended the deceased fram_=	death accurred at	Z, to 7 - 9	, 1962, that (I) (we) nd an the date stated ab
		22a. SIGNATURE	Belila MD.	ATTENDING MED.	STAFF	22b. DATE SIGNED
1		22c. PHYSICIAN'S A TO O	HERLIAVA	22d. APDRESS		
7	230.	BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CENTERY OR CO	REMATORY 23	d. LOCATION (City or Town	Carea + M
B	24	I. FUNERAL DIRECTOR	ADDRESS	250. RECD BY RI	GISTRAR 25b. REG	STRAR'S SIGNATURE
1	1	1. (1. / Harkness	Jour 1021/1940	the MAIL		0 0



1	1	-		RYLAND STATE DEPA CORDS, 301 W. PRESTOR	.RTMENT OF HEALTH N STREET, BALTIMORE, MARYLAND 2120	1
15			09111	CERTIFICATE	OF DEATH	10532
mishin 24 hours offer death		0	a. COUNTY are arundel	MARYLAND	1 any and	OUNTY a.a.
- Parity	im by the ers. Pages 2 haurs of	0	b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearly flown) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give	c. LANGETH OF STAY IN 16 Lafestine ve siveet address)	c. CITY OR TOWN Alf ayiside carparate limits, write is alexical d. STREET ADDRESS	e, IS RESIDENCE
2.5	filled Afrin 72			V		ON A FARM? YES NO
			3. NAME OF First DECEASED (Type or print)	Middle	ang of DEATH JU	14 29 19 67
9	and completely remove carbor		Make 6. COLOR OR RACE 7. MARRIED [WIDOWED]	NEVER MARRIED 8.	8-8-92 9. AGE (In years lost birthday)	Manths Days Hours Min.
radilize that the darth contilings to everited	physicion. Since again confincing the execution signed by the attending physician and complete burial-transit permit. Then please remove confound, cremotian, or removal, and in ony event,		furing most of working life, even if retired) Bu Bu	D OF BUSINESS OR USTRY LCCLINIC	11. BIRTHPLACE (County & State, or foreign country) A, A, Co - Md	12. CITIZEN OF WHAT COUNTRY? U. S. A
3	attending physician permit. Then please an, or removal, and i		William Joseph Za	NB	A melia Matilda	Siegert
4	attendin permit. Ion, or re		tres, no, or unknown) the yes give war or dates of service 31.	8-28-3278	Eldridge Zong	Davidsenville, Md
4	n. y the cansit pre		18. CAUSE OF DEATH (Enter only one cause per line for (a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	a), (b), and (c).)	infarction	INTERVAL BETWEEN ONSEVAND DEATH
1	physicion. signed by the burial-transit burial, cremol		Conditions, if any, which gave (b) (b)	riouclerofie	heart disease	several mouths
	ding poeen si		stating the underlying cause lost.			
The long	Poge 4 may be refaired by the hospital or ottending physicion of FUNERAL DIRECTOR. After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
ATTEMPING PHYCICIAN.	spitol certifico hed far t. of He		OR CONTRIBUTING CAUSE OF DEATH		Enter nature of injury in Part I ar Part II af item IB.)	
30	the here this detocloste Dep		20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 While at wark		E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	(County) (State)
TENDI	R: After Synthesis of the State Stat		21. I certify that (I) (this hospital) attends sow the deceased alive an		death accurred at 272M, from cause	s and an the date stated above.
	oe refa		220. SIGNATURE willard F	mith M.D.	ATTENDING MED. STAFF PHYS.	22b. DATE/SIGNED
	ERAL D	1	NAME (Type) Willard F. Sm	ith MD	22d. ADDRÉSS Shady Side	, Md.
LA HOSOITAL	Poge 4 may be refained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stote	0	230. BURIAL, CREMATION, 23b. DATE THEREOF ROMDVAL (Specify) 8-1-67	23c. NAME OF CEMETERY OR CO	REMATORY 23d LOCATION (City, or Galesville	Town) (County) (State) -A, A, Co, Ma,
	VR A15 (4) 25M 1/67	N	Benaid O. Hardesty 6	address . le	Md. DATE AUG 1 4 1967	geliantes Judge.

11180 Their Park With a second to the seco and a second of the second of Augustus when the same The water the hard discours more to The second to the first the second Willord F. Smith His Product Site And